

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000001211

Entity Name: OCALA WINNELSON CO.

FILED  
Feb 28, 2011  
Secretary of State

**Current Principal Place of Business:**

3661 SOUTH PINE AVE  
OCALA, FL 344716610

**New Principal Place of Business:**

**Current Mailing Address:**

1000 HURRICANE SHOALS RD. C-100  
LAWRENCEVILLE, GA 30043

**New Mailing Address:**

FEI Number: 26-2133725

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: CP  
Name: JOHNSON, DON  
Address: 3661 SOUTH PINE AVE  
City-St-Zip: OCALA, FL 344716610

Title: D  
Name: LARKIN, DENNIS M  
Address: 1000 HURRICANE SHOALS ROAD NE BLDG D 500  
City-St-Zip: LAWRENCEVILLE, GA 300434826

Title: DVP  
Name: BOHANNON, RON  
Address: 3110 KETTERING BLVD  
City-St-Zip: DAYTON, OH 454396610

Title: ST  
Name: MUEGEL, PHILIP E  
Address: 1000 HURRICANE SHOALS RD NE BLDG D 500  
City-St-Zip: LAWRENCEVILLE, GA 344434826

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ANITA L. LEFTY

AGT

02/28/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date