

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J39266

**Entity Name:** O. I. MANAGEMENT, INC.

**Current Principal Place of Business:**

100 SYLVAN DRIVE  
SUITE 280  
ST SIMONS ISLD, GA 31522

**Current Mailing Address:**

P.O. BOX 20287  
ST SIMONS ISLD, GA 31522 US

**FEI Number:** 59-2743368

**Certificate of Status Desired:** No

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

PERKINS, SUSAN  
6615 SW 13TH STREET  
GAINESVILLE, FL 32608 US

*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:** SUSAN PERKINS

04/29/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DP  
Name ZELL, HAROLD E.  
Address 101 WORTHING STR  
City-State-Zip: ST SIMONS ISLD GA 31522

Title DS  
Name ZELL, HAROLD D  
Address 100 SYLVAN DRIVE, SUITE 280  
City-State-Zip: ST SIMONS ISLD GA 31522

Title DT  
Name ZELL, CHARLOTTE A  
Address 100 SYLVAN DRIVE, SUITE 280  
City-State-Zip: ST. SIMONS ISLAND GA 31522

*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:** HAROLD D. ZELL

DS

04/29/2014

Electronic Signature of Signing Officer/Director Detail

Date