

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 24 PM 2: 24

DOCUMENT # N00038 (2)
1. Corporation Name
OCALA CHAPTER 812, E.A.A., INC.

Principal Place of Business Mailing Address
**5 SPRING LOOP DR.
OCALA FL 34772** **5402 NW 38TH PLACE
GAINESVILLE FL 32606**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/29/1983	3a. Date of Last Report 05/01/1994
4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 8 Ash Trail Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
23 Ocala, FL City & State	28 City & State
24 34472 Zip 25 USA Country	29 30 Zip Country

9. Name and Address of Current Registered Agent
**ROUX JOSEPH
8TH PLACE
GAINESVILLE FL 32606**

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable) 5402 NW 38th Place	83	84 City	85 FL	86 Zip Code
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VD
NAME	HINES WILLIAM
STREET ADDRESS	301 OAK TRACK TR
CITY-ST-ZIP	OCALA FL
TITLE	D
NAME	NICHOLS, CARMAN
STREET ADDRESS	P.O. BOX 536 N/A
CITY-ST-ZIP	OCALA FL
TITLE	TD
NAME	ROUX JOSEPH E.
STREET ADDRESS	5402 NW 38TH PL.
CITY-ST-ZIP	GAINESVILLE FL
TITLE	PD
NAME	WILSON, DONNA
STREET ADDRESS	5 SPRING LOOP DR
CITY-ST-ZIP	OCALA FL
TITLE	D
NAME	WITTMAN, STEVE
STREET ADDRESS	7200 SE 85 LANE
CITY-ST-ZIP	OCALA FL
TITLE	SD
NAME	BOYKIN CHERYL
STREET ADDRESS	3400 NE 45TH ST.
CITY-ST-ZIP	OCALA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	8 Ash Trail
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 insolvency empowered to execute this report as required by Chapter B17, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joseph E. Roux Treasurer 3-19-95 904-473-4911
DATE DAYTIME PHONE #