

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K09601** (1)

1. Corporation Name
NESBIT STREET BUILDING, INC.



Principal Place of Business: **% EUGENE A. OLSEN, 520 KING ST., PUNTA GORDA FL 33950**
Mailing Address: **% EUGENE A. OLSEN, 520 KING ST., PUNTA GORDA FL 33950**

3. Date Incorporated or Qualified: **12/28/1987**
3a. Date of Last Report: **01/31/1995**
4. FEI Number: **65-0019739**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 State, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 State, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country

9. Name and Address of Current Registered Agent

**OLSEN, EUGENE A.
520 KING ST.
PUNTA GORDA FL 33950**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11a. TITLE	D <input type="checkbox"/> DELETE	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11b. NAME	OLSEN, EUGENE A.	12. NAME	
11c. STREET ADDRESS	12915 S.W. KINGSWAY CIRCLE	13. STREET ADDRESS	
11d. CITY, ST., ZIP	LAKE SUZY FL	14. CITY, ST., ZIP	
11e. TITLE	<input type="checkbox"/> DELETE	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11f. NAME		22. NAME	
11g. STREET ADDRESS		23. STREET ADDRESS	
11h. CITY, ST., ZIP		24. CITY, ST., ZIP	
11i. TITLE	<input type="checkbox"/> DELETE	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11j. NAME		32. NAME	
11k. STREET ADDRESS		33. STREET ADDRESS	
11l. CITY, ST., ZIP		34. CITY, ST., ZIP	
11m. TITLE	<input type="checkbox"/> DELETE	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11n. NAME		42. NAME	
11o. STREET ADDRESS		43. STREET ADDRESS	
11p. CITY, ST., ZIP		44. CITY, ST., ZIP	
11q. TITLE	<input type="checkbox"/> DELETE	51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11r. NAME		52. NAME	
11s. STREET ADDRESS		53. STREET ADDRESS	
11t. CITY, ST., ZIP		54. CITY, ST., ZIP	
11u. TITLE	<input type="checkbox"/> DELETE	61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11v. NAME		62. NAME	
11w. STREET ADDRESS		63. STREET ADDRESS	
11x. CITY, ST., ZIP		64. CITY, ST., ZIP	

14. I do hereby certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or attached, or on an attachment with an address.

SIGNATURE: *Eugene A. Olsen* 1/27/96 94-637-9909
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)