## **2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000003540

Entity Name: OLI-II, INC.

**Current Principal Place of Business:** 

117 N. EASTSIDE DRIVE LAKELAND, FL 33801

**Current Mailing Address:** 

PO BOX 2398

EATON PARK FL 33840 US

FEI Number: 93-1184476 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NOVACK, THOMAS E. 117 N. EASTSIDE DRIVE LAKELAND, FL 33801 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: THOMAS E. NOVACK 04/10/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title PRESIDENT, DIRECTOR, CEO Title DIRECTOR

NOVACK, THOMAS E Name Name NOVACK, WILLIAM J

117 N. EASTSIDE DRIVE Address 1187 N HINTERLAND COURT Address

City-State-Zip: LAKELAND FL 33801 City-State-Zip: MONTICELLO IN 47960

Title **TREASURER** Title VP, SECRETARY, DIRECTOR

Name TORGERSRUD, LYNDA ROSE Name NOVACK, TINA A

Address 117 N. EASTSIDE DRIVE Address 117 N. EASTSIDE DRIVE LAKELAND FL 33801 City-State-Zip: City-State-Zip: LAKELAND FL 33801

Title ASST. TREASURER Name ELKIN. LAURA L

1685 EVERGREEN DRIVE Address City-State-Zip: EUGENE OR 97404

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: THOMAS E NOVACK

Electronic Signature of Signing Officer/Director Detail

**PRESIDENT** 

04/10/2020 Date

**FILED** Apr 10, 2020

**Secretary of State** 

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