

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 21 PM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 345363

(6)

1. Corporation Name

OLSEN PRECAST, INC.

Principal Place of Business

**2140 PONDELLA RD.
N. FORT MYERS FL 33903**

Mailing Address

**2140 PONDELLA RD.
N. FORT MYERS FL 33903**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/29/1969

3a. Date of Last Report

04/01/1994

4. FEI Number

59-1260472

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

☐

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

2a. Mailing Address

26

15569 Lockmaben Ave

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23

City & State

28

FT. MYERS, FL

Zip

24

Country

25

Zip

29

33912

Country

30

LEE

9. Name and Address of Current Registered Agent

**OLSEN, ROBERT W
2140 PONDELLA RD.
N. FT. MYERS FL 33903**

10. Name and Address of New Registered Agent

81

Name

ROBERT W. OLSEN

82

Street Address (P.O. Box Number Is Not Acceptable)

15569 Lockmaben Ave. SE.

83

84

City

FT. MYERS

FL

Zip Code

33912

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	OLSEN, ROBERT W
STREET ADDRESS	15569 LOCKMABEN AVE SE
CITY - ST - ZIP	FT. MYERS FL
TITLE	VPD
NAME	OLSEN, JAN D
STREET ADDRESS	13523 BRYNWOOD LN.
CITY - ST - ZIP	FT. MYERS FL
TITLE	SD
NAME	OLSEN, SHARON L
STREET ADDRESS	15569 LOCKMABEN AVE.
CITY - ST - ZIP	FT MYERS, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ 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 111.07(3)(d), Florida Statutes. I further certify that the information indicated on the 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 or liquidator thereof; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert W. Olsen, Pres.

4/19/95

513.571.5896