## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90196 038 \*\*\*158.75



DOCUMENT # 368222	
O.E. OLSEN & ASSOCIATES, INC.	

Mailing Address

Fillicipal Flace of business	Maining Address					
3342 TYRONE BLVD St Petersburg fl 33710	3342 TYRONE BLVD ST PETERSBURG FL 33710		DO NOT WRITE IN THIS SPACE			
			3. Date incorporated or Qualifed 08/11/1970			
2, Principal Place of Business   2a. Mailing Address			4. FEI Number	Applied For		
21	26		59-1300155	Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip Country	Zip Co	ountry	This corporation owes the current year In     Personal Property Tax.	ntangible ⊠Yes □No		
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent			
OLSEN,O E		81 Name				
3342 TYRONE BLVD.		82 Street Address (P.O. Box Number is Not Acceptable)				
ST PETERSBURG FL 33710		83				
		OA City		95 Zin Code		

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 a	m familiar with, and accept the obligations of,	Section 607.0505, Florid	ia Statutes.				
SIGNATURE	Signature, typed or printed name of registered agent and title	f paglicable /NOTE: E	tegistered Agent signature re	quired when reinstating)		DATE	<del></del>
12. OFFICERS AND DIRECTORS		■ 13. ADDITIONS/CHANGES TO OFF		TO OFFIC	ICERS AND DIRECTORS IN 12		
TITLE	STD	DELETE	1.1 TITLE			☐ Change	Addition
NAME	OLSEN, ERIC P.		1.2 NAME				
STREET ADDRESS	9770 N 53 AVE		1.3 STREET ADDRESS				
CITY-ST-ZIP	ST PETERSBURG FL		1.4 CITY-ST-ZIP				
TITLE	PD	DELETE	2.1 TITLE			XX Change	☐ Addition
NAME	BLEVINS, GEORGE V. JR.	_	2.2 NAME				
STREET ADDRESS	325 12TH AVE.NE.		2.3 STREET ADDRESS	3342 Tyrone Blvd	_		
	ST PETERSBURG FL		2.4 CITY-ST-ZIP	St. Petersburg,		33710	
CITY-ST-ZIP	OT TETEROODIIG TE	DELETE	3.1 TITLE	00, 1000100		Change	☐ Addition
		<u></u>	3.2 NAME		,		_
NAME	• ·		i i				
STREET ADDRESS			3.3 STREET ADDRESS				
C/TY+ST-ZIP		- Delete	3.4. CITY-ST-ZIP			Change	☐ Addition
TITLE	•	☐ DELETE	4.1 TITLE			Criange	
NAME	•		4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME	•			
STREET ADDRESS	• ·	•	5.3 STREET ADDRESS				
CITY-ST-ZIP		'	5.4 CITY-ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME	•		6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP	•		6.4 CITY-ST-ZIP .				

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

727/345-9397