FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
'95 MAR 16 AM 10:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 445998 (8)

1. Corporation Name
DICK OLSON, INC.

Principal Place of Business	Mailing Address
32 TIFTON WAY SOUTH PONTE VEDRA FL 32082	32 TIFTON WAY SOUTH PONTE VEDRA FL 32082

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/07/1974
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business 21
2a. Mailing Address 26
Suite, Apt. #, etc. 22
Suite, Apt. #, etc. 27
City & State 23
City & State 28
Zip 24
Country 25
Zip 29
Country 30

4. FEI Number: 59-1516019 ☐ 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

9. Name and Address of Current Registered Agent

OLSON, RICHARD C.
32 TIFTON WAY SOUTH
PONTE VEDRA FL 32082

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip 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 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	OLSON, RICHARD C.	1.2 NAME	
STREET ADDRESS	32 TIFTON WAY SOUTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	OLSON, BONITA	2.2 NAME	
STREET ADDRESS	32 TIFTON WAY SOUTH	2.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☒ Change ☐ Addition
NAME	OLSON, MARK R.	3.2 NAME	
STREET ADDRESS	~~4308 SELKIRK DR.~~	3.3 STREET ADDRESS	8816 WOODLAND MEADOWS COURT
CITY-ST-ZIP	~~FAIRFAX VA~~	3.4 CITY-ST-ZIP	ANNANDALE, VA 22003
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	OLSON, ERIC M.	4.2 NAME	
STREET ADDRESS	32 TIFTON WAY SO.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BCH FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	OLIVER, KIM C	5.2 NAME	
STREET ADDRESS	1533 HOPKINS CREEK LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEPTUNE BEACH FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☒ Change ☐ Addition
NAME	~~OLSON, RICHARD CHARLES~~	6.2 NAME	
STREET ADDRESS	~~19301 G EARLY COURT~~	6.3 STREET ADDRESS	3196 POPLAR ST.
CITY-ST-ZIP	~~FT. LEE VA~~	6.4 CITY-ST-ZIP	HOPEWELL, VA. 23860

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 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.

SIGNATURE: DICK OLSON R. C. Olson 11-MAR-95 904 355-2310
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Daytime Phone #

0004830 CP