

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 491712 (6)

1. Corporation Name

OLIN FORE, INC.

Principal Place of Business

Mailing Address

500 FORE LAND
KISSIMMEE FL 34741

500 FORE LAND
KISSIMMEE FL 34741



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/26/1975		3a. Date of Last Report 06/20/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1642867		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No			

9. Name and Address of Current Registered Agent

FORE, OLIN
500 FORE LANE
KISSIMMEE FL 32741

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

Signature typed or printed in block letters, followed by agent's title, if applicable.

(If the Registered Agent's signature is required when filing this report.)

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	11 TITLE	
NAME	FORE, PAULINE	12 NAME	
STREET ADDRESS	P O BOX 27 N/A	13 STREET ADDRESS	
CITY - ST - ZIP	KISSIMMEE FL	14 CITY - ST - ZIP	
TITLE	P	21 TITLE	
NAME	FORE, OLIN	22 NAME	
STREET ADDRESS	P O BOX 27 N/A	23 STREET ADDRESS	
CITY - ST - ZIP	KISSIMMEE FL	24 CITY - ST - ZIP	
TITLE	S	31 TITLE	
NAME	RICHARDS, JUDY	32 NAME	
STREET ADDRESS	P O BOX 763 N/A	33 STREET ADDRESS	
CITY - ST - ZIP	INTERCESSION CITY FL	34 CITY - ST - ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Judy Richards Judy Richards 7/19/96 407-847-2685

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

Director's Phone #

CR2E034 (3/96)