

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
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90060 027 ***150.00

DOCUMENT # F14378

1. Corporation Name

OGLESBY'S PALMS UNLIMITED, INC.

Principal Place of Business

24905 SW 107 AVE
HOMESTEAD FL 33032
US

Mailing Address

24905 SW 107TH AVENUE
HOMESTEAD FL 33032
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/12/1981

4. FEI Number

59-2065687

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 RT. 2, BOX 16

27 Suite, Apt. #, etc.

28 City & State
ALTHA, FL

29 Zip Country

32421

30 Country

9. Name and Address of Current Registered Agent

OGLESBY, JANE F
24905 SW 107 AVE
HOMESTEAD FL 33032

10. Name and Address of New Registered Agent

81 Name

JANE F. OGLESBY

82 Street Address (P.O. Box Number is Not Acceptable)

RT. 2, BOX 16

83

84 City

ALTHA

FL

85 Zip Code
32421

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

Jane F. Oglesby

(NOTE: Registered Agent signature required when reinstating)

3/23/99

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME OGLESBY, JANE F
STREET ADDRESS 24905 SW 107TH AVE
CITY-ST-ZIP HOMESTEAD FL 33032

TITLE VP ☐ DELETE

NAME OGLESBY, DAVID P
STREET ADDRESS RT 2 BOX 16-1
CITY-ST-ZIP ALTHA FL 32421

TITLE ST ☐ DELETE

NAME ALDAY, MARY O
STREET ADDRESS RT 2 BOX 15
CITY-ST-ZIP ALTHA FL 32421

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT, ☒ Change ☐ Addition

1.2 NAME JANE F. OGLESBY

1.3 STREET ADDRESS RT. 2, BOX 16

1.4 CITY-ST-ZIP ALTHA, FL 32421

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 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:

Jane F. Oglesby
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/99

Date

(850) 762-3229

Daytime Phone #

CR2E034 (11/98)