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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F97884

(3)

OLSEN AGENCY, INC.

Principal Place of Business

Mailing Address

11941 BOSTICK ST., SUITE C 11941 BOSTICK ST., SUITE C

FILED Mar 06 1997 8:00am Secretary of State



DUNNELLON FL 34432		DUNNELLON FL 34432-8303							
						3. Date Incorporated or Qualified 09/01/1982		te of La 16/198	st Report
2. Principal F	lace of Business	2a. Mailing Address				4. FEI Number			Applied For
21		26			59-2202420			Not Applicab	
Suite, Apt	# etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & Stat	е	City & State	·			Election Campaign Financing Trust Fund Contribution		-	00 May Be ded to Fees
Zip	Country	Ζφ	Cou	intry		8. This corporation has liability for i	ntangible	tax und	er s. 199.032,
24	25	29	30		****		Yes [
	g. Name and Address of Curren	t Registered Agent		21		10. Name and Address of New Re	glatered /	\gent	
	SEN, DORIS E			61	Name				
	75 SW 117TH ST.			82	Street Add	dress (P.O. Box Number is Not Acceptab	le)	-	
וטעו	NNELLON FL 34431			83				·	· · · · · · · · · · · · · · · · · · ·
				84	City			85	Zip Code
						rporation submits this statement for the p	FL		•
agent La SIGNATURE	am familiar with, and accept the obligation to the colligation of the companion of the colline o					uired when reinstating)	DATE		·
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIREC	TORS IN 12
TITLE	P	DELETE	1.1 T	TLE				Cha	nge 🔲 Additio
NAME	OLSEN, DORIS E		1.2 N	AME					
STEELT ADDRESS	22875 S.W. 117TH ST.		1.3 \$	TAEET	ADDRESS				
CITY-ST-2IP	DUNNELLON FL 34431		1.4 C	ITY-S	T-ZIP				
TITLE	VP	DELETE	2.1 T	NLE				Cha	nge 🔲 Additio
NAME	MAYS, CARLTON G		2 2 N						
STREET ADDRESS	20190 S.W. 97TH PLACE		235	TREET	ADDRESS				
CITY - ST - ZIP	DUNNELLON FL 34431	DELETE		_	ST-ZIP		·	Cha	nge 🔲 Additio
TITLE	WILLIS, CHERYL D	[] Dettite	31 T 32 N					C., VIII	iige L. Modine
NAME STREET ADDRESS	1021 S.W. 196TH CT.				ADDRESS				
CITY- S1 - ZIF	DUNNELLON FL 34431				ST-ZIP				
TITLE		☐ DELETE	4.1 T					Cha	nge 🔲 Additio
HAME			4.21	IAME					
STREET ADDRESS			4.3 S	TREET	ADDRESS				
CITY ST-7/P					ST-ZIP			T	—
THLE		L] DELETE	5.1 ₹					∐ Cha	nge Additio
NAME			5.2 N			*			
STREET AUDRESS					ADDRESS				
CITY - ST - 7/21		□ nc) exc			ST - ZIP			T Chi	one Additi
TIT: E		☐ DELETE	6.1 7					Cha	nge 🛄 Additio
NAME			6.2 N						
STREET ADDRESS			1		ADDRESS				
COTY - ST - ZIP		distribution along and as			ST-ZIP	ed in Section 119 07(3)(i) Florida Statute	n I f. ath o		that the

information indicated on this annual report or supplied with this ming does not quality 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 eath; 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.