2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G93314

1. Entity Name

T. R. Olive, Inc

~~W01 13775~~

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 30 PM 6:29

99-01

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
702 S.E Duval St Madison, Fl 32340	

2. Principal Place of Business	3. Mailing Address
702 SE Duval Suite, Apt. #, etc.	702 SE Duval St Suite, Apt. #, etc.
City & State: Madison, Fl	City & State: Madison, Fl
Zip: 32340 Country:	Zip: 32340 Country:

4. FEI Number 59-2390860 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Betty Olive 702 S.E. Duval St. Madison, Fl 32340	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE T.R. Olive (deceased) By Betty Olive 4/15/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~President/Director~~ ~~Terry Olive~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Terry Olive 702 S.E Duval St Madison, Fl 32340	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Larry Olive 702 S.E. Duval St Madison, Fl 32340	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary/Treasurer ~~Diane Olive~~ 702 S.E. Duval St. Madison, Fl 32340	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	800004663588--0 -11/06/01--01077--023 ****450.00 ****450.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AD	☐ Change ☐ Addition

CR2E034 (11/00)

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ _____ _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #