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FILED
May 01, 2008 8:00 am
Secretary of State
05-01-2008 90213 032 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G93314

40089943

1. Entity Name
T.R. OLIVE, INC.

Principal Place of Business	Mailing Address
702 SW DUVAL ST. MADISON, FL 32340	702 SW DUVAL ST. MADISON, FL 32340

04302008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box # : 464 S. Duval St
Suite, Apt. #, etc:
City & State: Madison, Fl
Zip: 32340 County: Madison

3. Mailing Address
Suite, Apt. #, etc:
City & State
Zip
Country

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

5. Declaration of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OLIVE, BETTY
702 SW DUVAL ST.
MADISON, FL 32340

7. Name and Address of New Registered Agent

Name: Betty Olive
Street Address (P.O. Box Number is Not Acceptable): 464 S. Duval St
City: Madison FL Zip Code: 32340

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. I am familiar with and accept the obligations of registered agent.

SIGNATURE _____
Signature, type or printed name of registered agent and date. If agent is a corporation, must be an officer or director of the corporation.

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P OLIVE, TERRY 702 SW DUVAL ST. MADISON, FL 32340	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Terry Olive 464 S. Duval St Madison, Fl 32340 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP OLIVE, LARRY 702 SW DUVAL ST. MADISON, FL 32340	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Larry Olive 464 S. Duval St Madison, Fl 32340 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST OLIVE, DIANE 702 SW DUVAL ST. MADISON, FL 32340	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Diane Olive 464 S. Duval St Madison, FL 32340 ☑ 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	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions stated in Section 119.07(3)(i), F.S. 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 10 or Block 11 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: Terry Olive TERRY W. Olive PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR