

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G93314

Entity Name: T.R. OLIVE, INC.

FILED  
Apr 26, 2011  
Secretary of State

**Current Principal Place of Business:**

464 S. DUVAL ST.  
MADISON, FL 32340

**New Principal Place of Business:**

**Current Mailing Address:**

464 S DUVAL AVE.  
MADISON, FL 32340

**New Mailing Address:**

464 S. DUVAL ST.  
MADISON, FL 32340

FEI Number: 59-2390860

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

OLIVE, BETTY  
464 S. DUVAL AVE  
MADISON, FL 32340 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: OLIVE, TERRY  
Address: 464 S. DUVAL AVE  
City-St-Zip: MADISON, FL 32340

Title: VP  
Name: OLIVE, LARRY  
Address: 464 S. DUVAL AVE  
City-St-Zip: MADISON, FL 32340

Title: ST  
Name: OLIVE, DIANNE  
Address: 464 S. DUVAL ST.  
City-St-Zip: MADISON, FL 32340

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DIANE OLIVE

S/T

04/26/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date