FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H28774** **(8)**

1. Corporation Name

DENNIS R. OLDEN & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
50 WILLOWOOD LN. OLDSMAR FL 33557	50 WILLOWOOD LN. OLDSMAR FL 33557

3. Date Incorporated or Qualified: **11/05/1984**

3a. Date of Last Report: **06/20/1995**

2. Principal Place of Business
21: 103 Cypress Ct.
22: Suite, Apt. #, etc.
23: City & State: Oldsmar
24: Zip: 34677 Country: 25: Pinellas

2a. Mailing Address
26: 334 East Lake Rd
27: Suite, Apt. #, etc.: # 311
28: City & State: Palm Harbor
29: Zip: Fl. Country: 30: Pinellas

4. FEI Number: **59-2467506** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

OLDEN, DENNIS
50 WILLOWOOD LANE
OLDSMAR FL 34677

10. Name and Address of New Registered Agent

81 Name: Dennis R. Olden
82 Street Address (P.O. Box Number is Not Acceptable): 334 East Lake Road
83: #311
84 City: Palm Harbor FL 85 Zip Code: 34685

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: Dennis R Olden Dennis R. Olden April 8, 1996
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required where no title) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	OLDEN, DENNIS		1.2 NAME		
STREET ADDRESS	50 WILLOWOOD LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	OLDSMAR, FL 34677		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Dennis R. Olden Dennis R. Olden Apr. 8, 1996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #