

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 # **H42167 (7)**

1. Corporation Name
OLESON CONSULTING SERVICES, INC.



Principal Place of Business: **P. O. BOX 103 ODESSA FL 33554**
Mailing Address: **P. O. BOX 103 ODESSA FL 33554**

3. Date Incorporated or Qualified: **02/11/1985** 3a. Date of Last Report: **03/23/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	59-2493222	Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Country	29. Country	30. Country	8. This corporation has liability for intangible taxes under s. 199.032, Florida Statutes
			<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Less than \$5

9. Name and Address of Current Registered Agent

**OLESON, S. MELODIE
1741 BEACHWAY LANE
ODESSA FL 33556**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMOS, MARGUERITE O	1.2 NAME	
STREET ADDRESS	1735 BEACHWAY LANE	1.3 STREET ADDRESS	
CITY - ST - ZIP	ODESSA FL 33556	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLESON, JAMES L	2.2 NAME	
STREET ADDRESS	5002 SPRING LAKE RD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	BROOKVILLE FL 33512	2.4 CITY - ST - ZIP	
TITLE	STD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLESON, S. MELODIE	3.2 NAME	
STREET ADDRESS	1741 BEACHWAY LANE	3.3 STREET ADDRESS	
CITY - ST - ZIP	ODESSA FL 33556	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLESON, KATHERINE B	4.2 NAME	
STREET ADDRESS	5002 SPRING LAKE RD.	4.3 STREET ADDRESS	
CITY - ST - ZIP	BROOKVILLE FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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: *S. Melodie Oleson* **S. Melodie Oleson** 2/14/96 813/920-2721
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day in a Phone #

CR2E034 (12/95)