1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # J27615**

FOWLER, LANDIS & OLENSKY, INC.

Mailing Address Principal Place of Business

55 EAST OSCEOLA ST #201 STUART FL 34994

2. Principal Place of Business

2a. Mailing Address

55 EAST OSCEOLA ST #201 STUART FL 34994

## **FILED** Jan 27, 1999 8:00am **Secretary of State**

01-27-1999 90015 021 \*\*\*158.75

3. Date incorporated or Qualifed

08/07/1986

4. FEI Number



DO NOT WRITE IN THIS SPACE

Applied For

¬ '		26				59-2/30896		1100	Application ,
Suite, Apt. #, etc.		Sui	Suite, Apt. #, etc.			5. Certifcate of Status Desired	* \$8.75 Additional Fee Required		
			27					\$5.00	May Ro
City & State			City & State			6. Election Campaign Financing		Added to	• ,
28					Trust Fund Contribution			71663	
Zip Country Zip			Country		8. This corporation owes the curre	nt year Inta	ingible	□No	
¬ '	25	29	30			Personal Property Tax.			LINO
9. Name and Address of Current Registered Agent						10. Name and Address of New Ro	egistered /	\gent	
3. Name and Address				81	Name				1
OLENSKY, WILLIAM				90	Change Addre	ess (P.O. Box Number is Not Acceptal	ole)		
2531 S.W. DALLAS STREET				82	82 Street Address (F.O. Box Humber is Not Needle Street St				18 (6:50)
PORT ST. LUCIE FL 33452			83						
PUMI SI. LUCIE I E 30402				"		3人员有机量质量多量	T 21 314.	U differ floor	ist Marika
	•			84	City		FI	85 Zip C	code
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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 of Florida Statutes.									
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
agent. 1 ai	II fattinial Willi, and accept the estigated								<u>:</u>
SIGNATURE   Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)   DATE   Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)   DATE   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12									
12. OFFICERS AND DIRECTORS				13.		ADDITIONS/CHANGES TO OFF	ICERS AN		Addition
TITLE	VSD		☐ DELETE	1.1 TITLE				Change	Addition
· .	,			1.2 NAME					1
NAME	OLENSKY, WILLIAM			13 STREE	T ADDRESS				e e
STREET ADDRESS	2531 S.W. DALLAS STREET								,
CITY-ST-ZIP	PORT ST. LUCIE FL			1.4 CITY-5	51+ZIP			Change	Addition
TITLE	PTD		☐ DECE IE					_	}
NAME	SCOTT, JEANETTE S.			2.2 NAME	ł				
STREET ADDRESS	1928 SE OAKWATER POINT			2.3 STREE	TADDRESS				
CITY-ST-ZIP	PALM CITY FL			2.4 CITY-	ST-ZIP			Change	☐ Addition
TITLE	1 19 800 19 19 19 19		☐ DELETE	3.1 TITLE				☐ Change	
,				3.2 NAME					
NAME (	· · · · · · · · · · · · · · · · · · ·			3.3 STREE	ET ADDRESS	・ かからいは針に物質動動	114431	記付納日記	<b>数</b> 5.351%
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CITY-ST-ZIP		<del></del>	DELETE	4.1 TITLE			4.03360	□ Change	\$3. [☐'Addition
TITLE					٠				
NAME 5) eA31 wh(3	007 3 078	5		4. 2 NAME					· ·
STREET ADDRESS	2			4.3 STRE	ET ADDRESS				. (
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NAME				5.2 NAME				·	
				5.3 STRE	ET ADDRESS				Ì
STREET ADDRESS	¥55			5.4 CITY-	ST-ZIP				
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ππ.ε	2001 SAV LOTES 9 - 0 - 1			6.2 NAME					
NAME	POSS 30, EUG. 2 FL	•			ET ADDRESS				
STREET ADDRESS	\f ·				<b>.</b>				
CITY-ST-ZIP	PT			6.4 CITY	tion stated !-	Section 119.07(3)(i), Florida Statutes.	I further ce	ertify that the	information

14. 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 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 chapter, or on an attachment with an address, with all other like empowered.

SIGNATURE: