

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # J36945
1. Corporation Name
OLSON GROVE CARETAKING, INC.

(0)

59 MAY 19 PM 2:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT
DO NOT WRITE IN THIS SPACE

Principal Place of Business
EAST END OF FREDRICK AVENUE
P.O. BOX 909
DUNDEE FL 33838

Mailing Address
EAST END OF FREDRICK AVENUE
P.O. BOX 909
DUNDEE FL 33838

2. Principal Place of Business
21 Suite, Apt. #, etc
22 City & State
23 Zip Country
24

2a. Mailing Address
26 Suite, Apt. #, etc
27 City & State
28 Zip Country
29 30

3. Date Incorporated or Qualified
10/08/1986

4. FEI Number
59-2728413

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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

7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 ☐ Yes ☐ No

8. Name and Address of New Registered Agent

TUNNO, PATRICIA A
7 SPENCER SHORES
HAINEES CITY 33844

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

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 *Patricia A. Tunno*
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS

TITLE	PD	DELETE
NAME	OLSON, JOHN E.	
STREET ADDRESS	E END FREDRICK AVENUE	
CITY-STATE-ZIP	DUNDEE FL	
TITLE	ST	DELETE
NAME	JORDAN, MERY O	
STREET ADDRESS	P O BOX 18L	
CITY-STATE-ZIP	HAINEES CITY FL	
TITLE	VP	DELETE
NAME	OLSON, WILLIAM L	
STREET ADDRESS	108 N. 8TH STREET	
CITY-STATE-ZIP	DUNDEE FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

10 VAGABOND LANE
WINTER HAVEN, FL 33881

102 LAKE VILLA WAY
HAINEES CITY, FL 33844

2284 CRUMP RD
WINTER HAVEN, FL 33861

500002886395-4
-05/25/99-01084-012
*****900,00 *****900,00

☐ Change ☐ Addition

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 changed, or on an attached document with an address.

JOHN E OLSON
SIGNATURE: *John E Olson*

9-29-98 941-4391361

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CR2E034 (5/98)