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PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K11698

Block 12 or Block 13 if changed, or on ar

(3)

RICK L. OLSON INC.

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t with an address.

FILED Apr 29 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 2315 TRAVIS AVE 2315 TRAVIS AVE VALRICO FL 33594 VALRICO FL 33594 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/08/1988 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 5102 Pine Rocklands Ave 26 5102 Pine Rocklands Ave 59-2876300 Not Applicable Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intengible 25 Hills borough 29 3354 5 9. Name and Address of Current Registered Agent 30 Hillsborow Yes Personal Property Tax due June 30. ☐ No 10. Name and Address of New Registered Agent EDENFIELD, MICHAEL S. Name 206 MASON STREET 82 Street Address (P.O. Box Number is Not Acceptable) **BRANDON FL 33511** 83 84 City 85 Zip Code 11. Pursuant to the provisions of Section 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. I am amiliarment. A consequence of the change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am amiliarment. A consequence of the change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am amiliarment. SIGNATURE Signature, typed or print of name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1 1 TITLE Change Addition OLSON, RICK L. MALE 1.2 NAME 2315 TRAVIS AVENUE STREET ADDRESS 1.3 STREET ADDRESS VALRICO FL CITY-ST-ZIP 1.4 CITY - ST - ZiP DELETE TITLE 21 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZiP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-S1-7IP 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 DELETE TITLE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - 21P TITLE ■ DELETE Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 14. Thereby 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 requiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in