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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 AM 11:58

DOCUMENT # **L13003** **(3)**

1. Corporation Name
A & A VIKING, INC.

Principal Place of Business	Mailing Address
%EUGENE A. OLSEN 1239 SANTANA COURT PUNTA GORDA FL 33950	%EUGENE A. OLSEN 1239 SANTANA COURT PUNTA GORDA FL 33950

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **09/01/1989**
3a. Date of Last Report: **02/03/1994**

2. Principal Place of Business	2a. Mailing Address
21 520 KING ST	26 520 KING ST
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: PUNTA GORDA, FL.	28 City & State: PUNTA GORDA, FL.
24 Zip: 33950 25 Country: U.S.A.	29 Zip: 33950 30 Country: U.S.A.

4. FEI Number: **65-0146898** ☐ 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	10. Name and Address of New Registered Agent
OLSEN, EUGENE A 1239 SANTANA COURT PUNTA GORDA FL 33950	81 Name: EUGENE A OLSEN 82 Street Address (P.O. Box Number is Not Acceptable): 12915 SOUTHWEST KINGS CIRCLE 83 84 City: LAKE SUZY FL 85 Zip Code: 33821

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: EUGENE A OLSEN X Eugene A. Olsen DATE: 3/27/95
Signature, typed or printed 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	PST	11 TITLE	PST	☒ Change ☐ Addition
NAME	OLSEN, EUGENE A	12 NAME	OLSEN, EUGENE A	
STREET ADDRESS	1239 SANTANA COURT	13 STREET ADDRESS	12915 SOUTHWEST KINGS CIRCLE	
CITY-ST-ZIP	PUNTA GORDA FL	14 CITY-ST-ZIP	LAKE SUZY FL 33821	
TITLE	D	21 TITLE	D	☒ Change ☐ Addition
NAME	OLSEN, EUGENE A	22 NAME	OLSEN, EUGENE A.	
STREET ADDRESS	1239 SANTANA COURT	23 STREET ADDRESS	12915 SOUTHWEST KINGS CIRCLE	
CITY-ST-ZIP	PUNTA GORDA FL	24 CITY-ST-ZIP	LAKE SUZY FL 33821	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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 attachment with an X in front.

SIGNATURE: X Eugene A. Olsen 3/27/95 (813) 637-9787
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #