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Secretary of State

03-09-1999 90082 026 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L34315

1. Corporation Name

OLBOTA COMMUNICATIONS, INC.

Principal Place of Business

 % ROBERT DWYER
 P.O. BOX 061239
 FT MYERS FL 33906

Mailing Address

 % ROBERT DWYER
 P.O. BOX 061239
 FT MYERS FL 33906

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/04/1989

4. FEI Number

65-0164990

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 Fees8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 End of E. 2nd St.

Suite, Apt. #, etc.

22 City & State

23 Lehigh Acres Fl. 33936

Zip

24 33936

25

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28

Zip

29

30

Country

9. Name and Address of Current Registered Agent

 DWYER, ROBERT
 END OF E 2ND ST
 LEHIGH ACRES FL 33936

10. Name and Address of New Registered Agent

81 Name

Dwyer, Robert

82 Street Address (P.O. Box Number is Not Acceptable)

9310 Bayberry Bend #103

83

84 City

Ft. Myers

FL

85 Zip Code

33908

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D PRESIDENT ☐ DELETE

NAME DWYER, ROBERT

STREET ADDRESS 12170 KELLY GREENS BLVD #77

CITY-ST-ZIP FT MYERS FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

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NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME Dwyer, Robert

1.3 STREET ADDRESS 9310 Bayberry Bend #103

1.4 CITY-ST-ZIP Ft. Myers FL 33908

2.1 TITLE VICE PRESIDENT ☐ Change ☒ Addition

2.2 NAME Dwyer, MARJORIE

2.3 STREET ADDRESS 9310 Bayberry Bend #103

2.4 CITY-ST-ZIP Ft. Myers FL 33908

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 attachment with an address, with all other like empowered.

SIGNATURE:

MARJORIE DWYER

2/23/99

941-454-1002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CP2E034 (11/98)