PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L58591
1. Corporation Name

ELLIOTT AND OLIVER, INC.

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90114 046 ***158.75



| Principal Place of Business Mailing Address | | | | | 112010 | | | 01917 01241 1 | 5 , 5 ,7, 6 , 6 ,7, 14 2 , |
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| 12600 S BELCHER ROAD 12600 S BELCHER ROAD | | | | | | | | | |
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| LARGO FL-99779 | | LARGO FL- 33773 US | | 2. Data Incom | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed | | | | |
| US - | | 03 | | 03/15/19 | | | | | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | R | 4. FEI Number | | | Ar | oplied For |
| 21 7600 | BRYAN BAIRY | 26 7600 B | RYAn | DAIR | ∠ 59-30014 | . 5 9 | | No | ot Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | C | | | f Status Desired | | | Additional equired |
| City & State | 9 | City & State | | | 6 Election Car | mpaign Financing | | \$5.00 | May Be |
| 23 LAK | | 28 LAKGO EL | | | Contribution | | | to Fees | |
| Zip | Country | Zip | Cour | | 8 This corpora | ation owes the curr | ent vear Inta | ngible | |
| 24 <i>337</i> | 77 25 PINEGOAS | 29 ダブフフラ | 30 | NEU4 | Personal Pr | | | D Yes | □No |
| | 9. Name and Address of Current | Registered Agent | | | 10. Name and | Address of New F | Registered A | gent | |
| | | | | 81 Name | 2011 | WOEL | | | |
| | er, gloria n | | | 82 Street A | OR IA O | | abla) | | |
| 4250 GOLF CLUB LANE | | | | Street A | DD BRY | DAIA | PY KD | 97E | · C |
| TAMPA FL 33624 | | | F | 83 | <u> </u> | , / , , | | | |
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| | | | | 84 City | 260 | | FL | 學。學 | プラフン |
| 11. Pursuant | to the provisions of Sections 607.0502 | and 607.1508, Florida State | ites, the ab | ove-named c | orporation submits this | statement for the | purpose of c | hanging its | registered |
| office or n | egistered agent, or both, in the State of mailting from familiar with, and accept the obligation | Florida. Such change was ins of. Section 607.0505. F | autnorized Iorida Statu | by the corpor tes. | ation's board of direct | ors. I nereby accep | ot trie appoin | unent as re | gistered |
| _ | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | | | | |
| SIGNATURE | Signature, typed or printed name of registered agent a | nd title if applicable. (NO) | E: Registered / | Agent signature req | uired when reinstating) | | DATE | | |
| 12. | OFFICERS AND | DIRECTORS | 13. | | ADDITIONS/ | CHANGES TO OF | FICERS AND | | |
| TITLE | P | ☐ DELETE | 1.1 7(1) | LE | | | | Change | ☐ Addition |
| NAME | ELLIOTT, BARBARA N | | 1.2 NA | ME | | | | | |
| STREET ADDRESS | 4250 GULF CLUB LANE | | 1.3 STF | REET ADDRESS | | | | | |
| CITY-ST-ZIP | TAMPA FL 33624 | | 1.4 CIT | Y-ST-ZIP | | | | | |
| TITLÉ | ST | . DELETE | 2.1 TIT | LE . | - | - | | ☐ Change | Addition |
| NAME : | OLIVER, GLORIA | | 2.2 NA | WE | | | | | į |
| STREET ADDRESS | 4250 GOLF CLUB LANE | | 2.3 STF | REET ADDRESS | | | | | ļ |
| CITY-ST-ZIP | TAMPA FL 33624 | | 2. 4 CIT | Y-ST-ZIP | | | | | |
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| NAME | , | | 3.2 NA | WE | | | | | |
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| · | | | | REET ADDRESS | | | | | |
| STREET ADDRESS | | | | | | | | | İ |
| CITY-ST-ZIP | | ☐ DELETE | 5.1 TITI | Y-\$T-ZIP | | | | [] Change | Addition |
| TITLE | | _ 556676 | 5.2 NA | 1 | | | | | _ |
| NAME | | | | REET ADORESS | | | | | |
| STREET ADDRESS | | | | Y-\$T-ZIP | | | | | |
| CITY-ST-ZIP | , | ☐ DELETE | 6.1 TIT | | | | | Change | Addition |
| TITLE | 1. 2. N - 22 - 2 | | 6.2 NA | | | | | | |
| NAME | | | | | | | | | |
| STREET ADDRESS | | | | REET ADDRESS | | | | | |
| CITY-ST-ZIP | | | ■ 64 CIT | Y-\$T-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 cath; 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 an attachment with an address, with all other like empowered.

SIGNATURE:

727 547 2664