

**FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

08 MAY 21 PM 1:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000009528

1. Entity Name

O.L. & P.L. OF JAX, FL, INC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business - No P.O. Box #

5519 Nettie Rd

3. Mailing Address

5519 Nettie Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

JAX FL 32207

JAX

City & State

City & State

FL

Zip

Country

Zip

Country

32207

Duval

32207

Duval

CR2E034B (5/07)

4. FFI Number

371457819

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

LOCKWOOD Olene

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

5519 Nettie Rd

JACKSONVILLE

City

FL

Zip Code

32207

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Olene Lockwood Olene Lockwood 4-14-08

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

(NOTE: Registered Agent signature required when re-registering)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

000123564730

04/15/08--01032--006 \*\*150.00

10. OFFICERS AND DIRECTORS

|                 |                              |
|-----------------|------------------------------|
| TITLE           | <u>O</u>                     |
| NAME            | <u>LOCKWOOD, OLENE</u>       |
| STREET ADDRESS  | <u>5519 NETTIE RD.</u>       |
| CITY - ST - ZIP | <u>JACKSONVILLE FL 32207</u> |
| TITLE           | <u>OV</u>                    |
| NAME            | <u>LOCKWOOD</u>              |
| STREET ADDRESS  | <u>PAUL</u>                  |
| CITY - ST - ZIP | <u>5519 NETTIE RD</u>        |
|                 | <u>JACKSONVILLE FL 32207</u> |
| TITLE           |                              |
| NAME            |                              |
| STREET ADDRESS  |                              |
| CITY - ST - ZIP |                              |
| TITLE           |                              |
| NAME            |                              |
| STREET ADDRESS  |                              |
| CITY - ST - ZIP |                              |
| TITLE           |                              |
| NAME            |                              |
| STREET ADDRESS  |                              |
| CITY - ST - ZIP |                              |

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE

Olene Lockwood Olene Lockwood 5/16/08 904-7331392

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone