

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P40133 (1)

1. Corporation Name

THE OLIVER GROUP, INC.



Principal Place of Business

5160 HWY 98 E  
SUITE 5  
DESTIN FL 32541  
US

Mailing Address

5160 HWY 98 E  
SUITE 5  
DESTIN FL 32541  
US

2. Principal Place of Business

21 10221 Emerald Coast Pkwy.

Suite, Apt. #, etc.

22 Suite 23

City & State

23 Destin, FL

Zip

24 32541

Country

25 U.S.

2a. Mailing Address

26 10221 Emerald Coast Pkwy

Suite, Apt. #, etc.

27 Suite 23

City & State

28 Destin, FL

Zip

29 32541

Country

30 U.S.

3. Date Incorporated or Qualified

08/20/1992

3a. Date of Last Report

02/08/1995

4. FEI Number

63-0942665

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

POPE, WILLIAM A  
5160 HWY 98 E  
STE 5  
DESTIN FL 32541

10. Name and Address of New Registered Agent

81 Name

Pope, William A.

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

10221 Emerald Coast Parkway - Suite 23

83

84 City

Destin

FL

85 Zip Code

32541

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 PST  
NAME POPE, WILLIAM A. ☐ DELETE  
STREET ADDRESS 5160 E. HIGHWAY 98, #5  
CITY-ST-ZIP DESTIN FL

TITLE D  
NAME POPE, WILLIAM A. ☐ DELETE  
STREET ADDRESS 5160 E. HIGHWAY 98, #5  
CITY-ST-ZIP DESTIN FL

TITLE CD  
NAME OLIVER, HOWARD C. ☐ DELETE  
STREET ADDRESS 2745 LANDSWODWN DRIVE  
CITY-ST-ZIP MONTGOMERY AL

TITLE D  
NAME OWENS, PAUL D. ☐ DELETE  
STREET ADDRESS 315 BELLEVILLE AVENUE  
CITY-ST-ZIP BREWTON AL

TITLE ☐ DELETE  
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

1.3 STREET ADDRESS

10221 Emerald Coast Parkway - Suite 23  
Destin, FL 32541

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

10221 Emerald Coast Parkway - Suite 23  
Destin, FL 32541

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

10221 Emerald Coast Parkway - Suite 23  
Destin, FL 32541

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)