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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P40133** **(1)**

1. Corporation Name
THE OLIVER GROUP, INC.

Principal Place of Business
10221 EMERALD COAST PKWY
SUITE 23
DESTIN FL 32541
US

Mailing Address
10221 EMERALD COAST PKWY
SUITE 23
DESTIN FL 32541-4968
US

3. Date Incorporated or Qualified: 08/20/1992
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21 10065 Emerald Coast Pkwy
Suite, Apt. #, etc.
22 Suite C-3
City & State
23 Destin, Fl.
Zip 24 32541 Country 25 US

2a. Mailing Address
26 10065 Emerald Coast Pkwy
Suite, Apt. #, etc.
27 Suite C-3
City & State
28 Destin Fl
Zip 29 32541 Country 30 US

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
10221 EMERALD COAST PARKWAY- SUITE 23
DESTIN FL 32541

10. Name and Address of New Registered Agent
81 Name: Same
82 Street Address (P.O. Box Number is Not Acceptable): 10065 Emerald Coast Pkwy
83 Suite C-3
84 City: Sarno FL 85 Zip Code

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: PRESIDENT — MAR 27, 1997
Signature of officer or director of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST ☐ DELETE	1.1 TITLE	☑ Change ☐ Addition
NAME	POPE, WILLIAM A.	1.2 NAME	
STREET ADDRESS	10221 EMERALD COAST PARKWAY SUITE 23	1.3 STREET ADDRESS	10065 Emerald Coast Pkwy Suite C-3
CITY-ST-ZIP	DESTIN FL	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☑ Change ☐ Addition
NAME	POPE, WILLIAM A.	2.2 NAME	
STREET ADDRESS	10221 EMERALD COAST PARKWAY SUITE 23	2.3 STREET ADDRESS	10065 Emerald Coast Pkwy Suite C-3
CITY-ST-ZIP	DESTIN FL	2.4 CITY-ST-ZIP	
TITLE	CD ☐ DELETE	3.1 TITLE	☑ Change ☐ Addition
NAME	OLIVER, HOWARD C.	3.2 NAME	
STREET ADDRESS	10221 EMERALD COAST PARKWAY SUITE 23	3.3 STREET ADDRESS	10065 Emerald Coast Pkwy Suite C-3
CITY-ST-ZIP	DESTIN FL	3.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	4.1 TITLE	☑ Change ☐ Addition
NAME	OWENS, PAUL D.	4.2 NAME	
STREET ADDRESS	315 BELLEVILLE AVENUE	4.3 STREET ADDRESS	10065 Emerald Coast Pkwy Suite C-3
CITY-ST-ZIP	BREWTON AL	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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.

SIGNATURE: Howard C Oliver — Howard Oliver — 3/25/97 — 904 8371662
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #