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Feb 11, 1999 8:00am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P40133

1. Corporation Name
THE OLIVER GROUP, INC.

Principal Place of Business
10065 EMERALD COAST PKWY
SUITE C-3
DESTIN FL 32541
US

Mailing Address
10065 EMERALD COAST PKWY
SUITE C-3
DESTIN FL 32541
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/20/1992

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 owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Same as above
Suite, Apt. #, etc.

26 Same as above
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country
24 25

28 Zip Country
29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POPE, WILLIAM A
10065 EMERALD COAST PKWY
SUITE C-3
DESTIN FL 32541

81 Name

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

83

84 City

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

PRESIDENT

JAN 26, 1999

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PST
NAME POPE, WILLIAM A.
STREET ADDRESS 10065 EMERALD COAST PKWY SUITE C-3
CITY-ST-ZIP DESTIN FL

☐ DELETE

TITLE D
NAME POPE, WILLIAM A.
STREET ADDRESS 10065 EMERALD COAST PKWY SUITE C-3
CITY-ST-ZIP DESTIN FL

☐ DELETE

TITLE CD
NAME OLIVER, HOWARD C.
STREET ADDRESS 10065 EMERALD COAST PKWY SUITE C-3
CITY-ST-ZIP DESTIN FL

☐ DELETE

TITLE D
NAME OWENS, PAUL D.
STREET ADDRESS 10065 EMERALD COAST PKWY SUITE C-3
CITY-ST-ZIP BREWTON AL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 26, 1999
Date Daytime Phone #

CR2E034 (1/98)