

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 10:13

DOCUMENT # P93000014149 (7)

1. Corporation Name
ELYSIUM INC.

Principal Place of Business
3053 RANCHETTE SQUARE
GULF BREEZE FL 32561
US

Mailing Address
362 GULF BREEZE PKWY
SUITE 319
GULF BREEZE FL 32561
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 02/15/1993
3a. Date of Last Report 03/16/1994

4. FEI Number 59-3164110
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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ODENBRETT, DIANA MARIE
1254E COLLEGE PARKWAY
GULF BREEZE FL 32561

81 Name
ODENBRETT, DIANA MARIE
82 Street Address (P.O. Box Number is Not Acceptable)
3053 Ranchette Square
83
84 City
Gulf Breeze FL 85 Zip Code
32561

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME ODENBRETT, VINCENT D
STREET ADDRESS 3053 RANCHETTE SQUARE
CITY- ST- ZIP GULF BREEZE FL

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

TITLE V
NAME BERGERON, ALLEN R
STREET ADDRESS 600 SCENIC HWY #107
CITY- ST- ZIP PENSACOLA FL

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

TITLE T
NAME BERGERON, VONNIE L
STREET ADDRESS 600 SCENIC HWY #107
CITY- ST- ZIP PENSACOLA FL

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

TITLE S
NAME ODENBRETT, DIANA M
STREET ADDRESS 3053 RANCHETTE SQUARE
CITY- ST- ZIP GULF BREEZE FL

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS 3053 Ranchette Square
4.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition
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 110.07(3)(k), Florida Statutes. I further certify 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 as changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Vincent D. Odenbrett, President

January 11, 1995 904-932-7998