

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

PROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000072203 (1)

1. Filing Location

OLDEN GROUP, INC.



4158 HANGING MOSS COURT
JACKSONVILLE FL 32257

4158 HANGING MOSS COURT
JACKSONVILLE FL 32257

2. Filing Office of Record
21 3501-B N. Ponce DeLeon Blvd
22 391
23 St. Augustine
24 FL 25 USA
26 3501-B N. Ponce DeLeon Blvd
27 391
28 St. Augustine
29 FL 30 USA
9. Name and Address of Current Registered Agent

DESJARLAIS, MARY L
8075 SOUTH BENEVA RD.
SUITE 6
SARASOTA FL 34238

3. Date Incorporated or Qualified 10/18/1993
3a. Date of Last Report 01/19/1995
4. FID Number 59-3206544
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 191.032, Florida Statutes ☐ Yes ☒ No
10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. I, the undersigned, being a duly qualified and duly sworn, sworn to this statement for the purpose of changing its registered office to the address herein set forth, and I hereby certify that the corporation's board of directors has duly accepted the appointment of its registered agent. I am the only person who has signed this statement.

12. OFFICERS AND DIRECTORS
D
OLDEN, COLLEEN
-4158 HANGING MOSS CT.
-JACKSONVILLE FL 32257

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
Address Change ☒ Change ☐ Address
3501-B N. Ponce DeLeon Blvd.
Suite # 391
St. Augustine, FL 32095
☐ Change ☐ Address

14. I, the undersigned, being a duly qualified and duly sworn, sworn to this statement for the purpose of changing its registered office to the address herein set forth, and I hereby certify that the corporation's board of directors has duly accepted the appointment of its registered agent. I am the only person who has signed this statement.

SIGNATURE:

Colleen M. Olden

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-96 904-825-3644

CR2E034 (12/95)