

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 # P95000000313 (3)

1. Corporation Name

OLIVER AIR INC.



Principal Place of Business

6753 NIGHTWIND CIRCLE
ORLANDO FL 32818

Mailing Address

P.O. BOX 858
CLARCONA FL 32710

3. Date Incorporated or Qualified

12/30/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

APPLIED FOR 59-3312733

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. 193.037
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21. SAME

Suite, Apt. #, etc.

22. City & State

23. Zip

Country

24. Zip

25. Country

2a. Mailing Address

26. SAME

Suite, Apt. #, etc.

27. City & State

28. Zip

Country

29. Zip

30. Country

9. Name and Address of Current Registered Agent

OLIVER, DANNIE
6753 NIGHTWIND CIRCLE
ORLANDO FL 32818

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. 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 of officer or director of the corporation or the receiver or trustee of the corporation

(Print) Registered Agent's name and street address

Date: 12/30/1994

12. OFFICERS AND DIRECTORS

TITLE	PV	☐ DELETE
NAME	OLIVER, DANNIE	
STREET ADDRESS	6753 NIGHTWIND CIR.	
CITY- ST- ZIP	ORLANDO FL 32818	
TITLE	ST	☐ DELETE
NAME	OLIVER, BETTY	
STREET ADDRESS	6753 NIGHTWIND CIR.	
CITY- ST- ZIP	ORLANDO FL 32818	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
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	
1.4 CITY- ST- ZIP	☐ Change ☐ Addition
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	☐ Change ☐ Addition
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	☐ Change ☐ Addition
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	☐ Change ☐ Addition
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	☐ Change ☐ Addition
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 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:

Betty A. Oliver Betty A. Oliver
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-96

407-880-2888
Date of Filing

CR2E034 (12/95)