

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000073373 (9)

1. Corporation Name

OLSON ENTERPRISES OF PINELLAS, INC.



Principal Place of Business

1432 CANTERBURY DR
CLEARWATER FL 34616

Mailing Address

1432 CANTERBURY DR
CLEARWATER FL 34616

3. Date Incorporated or Qualified

09/21/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 2457 Ginger Mill Blvd
Suite, Apt. #, etc.

26 2457 Ginger Mill Blvd
Suite, Apt. #, etc.

4. FEI Number

59-3334013

Applied For
Not Applicable

22 City & State

27 City & State

23 Orlando FL

28 Orlando FL

24 32837 25 Country

29 32837 30 Country

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

10. Name and Address of New Registered Agent

OLSON, VICKIE M
1432 CANTERBURY DR
CLEARWATER FL 34616

81 Name Olson, Vickie M.

82 Street Address (P.O. Box Number is Not Acceptable)
2457 Ginger Mill Blvd.

83

84 City Orlando FL 85 Zip Code 32837

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 not stating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE DP
NAME OLSON, VICKIE M
STREET ADDRESS 1432 CANTERBURY DR
CITY-ST-ZIP CLEARWATER FL 34616

TITLE DST ☐ DELETE

NAME OLSON, MARK R
STREET ADDRESS 1432 CANTERBURY DR
CITY-ST-ZIP CLEARWATER FL 34616

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

☒ Change ☐ Addition

1.1 TITLE DP
1.2 NAME OLSON, VICKIE M.
1.3 STREET ADDRESS 2457 Ginger Mill Blvd.
1.4 CITY-ST-ZIP Orlando FL 32837

2.1 TITLE DST ☒ Change ☐ Addition

2.2 NAME OLSON, MARK R.
2.3 STREET ADDRESS 2457 Ginger Mill Blvd.
2.4 CITY-ST-ZIP Orlando, FL 32837

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 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 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, unchanged, or on an attachment with an address.

SIGNATURE:

Vickie M. Olson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-96

Date

Daytime Phone #

CR2E034 (12/95)