## DOCUMENT # P96000015049

1. Entity Name

110 OLYMPUS CORPORATION

Principal Plac	e of Business	Mailing Address									
2608 ORCHARD DRIVE		2608 ORCHARD DRIVE									
APOPKA FL 3	•	APOPKA FL 32712			ļ						
						<b>                                  </b>	AND BUILD BEIN	88() 88() 11 <b>(</b>	# 11 <b>18</b> 1 <b>#1</b> 111 <b>#1</b> 111	4401 (41)	
Principal Place of Business     3. Mailing Address							<b>11)1 1</b> 1511 <b>11</b> 114	8 9141 <b>9 9</b> 411 <b>9 8</b> 10	1 1100f Billi Anni	Millia tare ia er	
2300 N. A	TLANTIC AVE #803	2300 N. ATLANTE AVE									
Suite, Apt.		Suite, Apt. #, etc.				ı	DO NOT WE	RITE IN THIS	SPACE		
#803		4803					<del></del> .			aplied For	
City & State		City & State DAYTONA BEACK, FL			4.	4. FEI Number 59-3371328 Applied For Not Applicab					
DaytonA Beach, FL		<del>                                     </del>			-	<del></del>			\$8.75 Add		
Zip	Country	3218	US	n.	5.	Certificate of Sta	itus Desired		Fee Require		
34118	6. Name and Address of Curren		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<u> </u>	71	Name and Addr	ess of New	Registered	Agent		
	o. Name and Address of Curren	i negistorea Agent		Vame							
GREGORY, JANET L					JANET L. PHILPOT (GrEGORY)						
	-			Street Address (P.O. Box Number is Not Acceptable) 2300 N. ATCENTIC AVE # 803							
2608 ORCHARD DRIVE					2300 N. ATCHNITE NVC #4						
apopka	FL 32712										
			[2	City		Beach		Fl	L Zip Cod 多人。	le o	
									-   5 &	£18	
8. The above	named entity submits this statement t	for the purpose of changing its	registered o	office or re	egistered ag	gent, or both, in t	ine State of I	riorida.			
SIGNATURE .		no.	E: Registered Ag			reinstation)		DATE	<u>.</u>	<del></del>	
	Signature, typed or printed name of registered ager	nt and title if applicable. (NOT	E: Hegistered Ag	ent signature	required when r	enstating)		DAIL			
9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE					)	10. Election	Campaign F	Financino	\$5 C	O May Be	
Tax filing requirement and elects to do so. After May 1, 20						1	nd Contribut	_		d to Fees	
(See criteria on back) Make Chec			ole to Depa	artment o							
11.	OFFICERS ANI	D DIRECTORS	12.			DDITIONS/CHAI	NGES TO O	FFICERS AN			
TITLE	P	Delete	TITLE		ρ			i . A. —	🔀 Change	☐ Addition	
NAME	GREGORY, JANET L		NAME		Janet	L. (CREG ). ATLAN	DRY) P	41CF01	12	J	
STREET ADDRESS	2608 ORCHARD DRIVE		STREET A	DDRESS 2	2300 A	1. ATLAN	iric A	16 35 90	) )	\	
CITY-ST-ZIP	APOPKA FL 32712		CITY-ST-	- ZIP	XYTON	n Beach,	FL	397/1			
TITLE		☐ Delete	TITLE						Change	☐ Addition	
NAME			NAME								
STREET ADDRESS	1		STREET A								
CITY-ST-ZIP			CITY-ST-	-ZIP							
TITLE	u ==-	Delete	~ TITLE			<sub></sub>			☐ Change	☐ Addition	
NAME			NAME								
STREET ADDRESS			STREET A	,							
CITY-ST-ZIP			CITY-ST-	-ZIP							
TITLE		☐ Delete	TITLE						Change	☐ Addition	
NAME			NAME								
STREET ADDRESS	:		STREET A							,	
CITY-ST-ZIP			CITY-ST	- ZIP							
TITLE		☐ Delete	TITLE						☐ Change	☐ Addition	
NAME	}		NAME								
STREET ADDRESS	1		STREET A							ĺ	
CITY-ST-ZIP		<u>-</u>	CITY-ST	-ZIP							
TITL€	1	☐ Delete	TITLE						Change	☐ Addition	
NAME	}	·	NAME	IBBOTCS		•					
STREET ADDRESS			STREET A							}	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SCHARLE OF SERVICE OF SERVING OFFICER OR DIRECTOR

1/21/02

386-226-8009

Daytime Phone #