FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000047717 (9)

OGLESBY PARTNERS, INC.

Mailing Address

Principal Place of Business

156 LOVE RIDGE CT

FILED

97 1/18 11 MH 10: 35

NEGRETARY OF STATE TALLAMASSEE, PLORIDA



TALLAHASSEE FL 32312		TALLAHASSEE FL 32312-1593				,,,00 B			
						3. Date Incorporated or Qualified 06/05/1996	3a. Date o	of Last Ro	eport
_	lace of Business		2a. Mailing Address			4. FEI Number			plied For
Suite, Apt. #, etc.		26 Suite Ant	26 Suite, Apt. #, etc.			59 - 338473			t Applicable
_	₩, ΘIC.	} ₁	Suite, Apt. #, etc.			5. Certificate of Status Desired	X	68.75 A Fee Re	dditional guired
City & State	9	·	City & State			6. Election Campaign Financing		\$5.00	·
23		28				Trust Fund Contribution		Added t	•
Zip	Country	<i>Z</i> (p	Zip Country			8. This corporation has liability for intangible tax under s. 199.032,			
24	25					Florida Statutes XXX es □ No			
	9. Name and Address of Cur	rent Registered Agen	<u></u>	81	Name	10. Name and Address of New Re	gistered Age	nt	
	LESBY, MARVIN R JR.			61	Name				
	LOVE RIDGE CT.			82	Street /	Address (P.O. Box Number is Not Acceptate	ole)		
TAL	LAHASSEE FL 32312			83					
				84	City		FL	5 Zip C	Dode
11. Pursuant office or r	to the provisions of Sections 607.0 egistered agent, or both, in the St	0502 and 607.1508, He ate of Florida. Such of	orida Statutes lange was au	s, the above thorized by	named the corp	corporation submits this statement for the poration's board of directors. I hereby acceptions		anging its ment as	s registered registered
agent. I a SIGNATURE	m familiar with, and accept the ol.	oligations of, Section 6	07.0505, Flori	ida Statutes	i .				
	Signature, typed or printed name of registered	and the second s	(NO1:		ak signature	required when ministaling)	DATE	DECTOR	C INI 10
12.	OFFICERS :	AND DIRECTORS	DELETE	13. 1.1 TULE	<u>-</u>	ADDITIONS/CHANGES TO OFFICE		Change	Addition
NAME		L	1/11/JE	1.1 NAME		marini P Oclashy		Soungs	1 variation
STREET ADDRESS				1.3 STREET	ADDHESS	Training Pides	~3 K.		
CITY-ST-ZIP				1.4 CHY - S	j.	Morvin R. Oglesby 156 Love Ridge Ct. Tallahassee, FL 323	212		
TITLE			DELETE	2.1 TOLE	A.27			Change	Addition
NAME				2.2 NAME					
STREET ADDRESS				2.3 \$1ftEF1	ADDHESS				
CITY-ST-ZIP				2. 4 CITY-	\$1 · Z(P				
TITLE			DELETE	3.1 TITLE				Change	Addition Addition
NAME				3.2 NAME					
STREET ADDRESS				3.3 STREET		500QQ <u>2</u> 1	,1 QQ	LJ.	1
CITY-ST-ZIP			DELCIC	3.4 CITY-1	51 - ZIP	5000021 -03/11/ ****17	5 75 <u>10</u> 9 (NIN	52I	ប្រជា ប្រជាធិប្បធាន
TITLE		Ш	DELETE	4.1 11114		545 040 046 046 T	اگط بارد	artesand (Tr+1 troot mon
NAME				4. 2 NAME	ADVINCES				
STREET ADDRESS				4.3 STREET					
CITY-ST-ZIP TITLE			DELFTE	4.4 CHY - S 5.1 THLE	1-70"		П	Change	Addition
NAME				5 2 NAMI					
STREET ADDRESS				5.3 STREET	ADDRESS				
CITY-ST-ZIP				5.4 C/1Y - S					
TITLE			DELETE	61 THLE				Change	Addition
NAME				6.2 NAME					
STREET ADDRESS				6.3 STREET	ADDRESS				
CITY-ST-ZIP				6.4 CITY-S	T-ZiP				

14. Ido 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 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.