

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **P97000051672 (8)**
1. Corporation Name

511 OLIVIA STREET INC.

FILED
Aug 25 1998 8:00am
Secretary of State



Principal Place of Business Mailing Address
511 OLIVIA STREET **511 OLIVIA STREET**
KEY WEST FL **KEY WEST FL**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country Country
24 25 29 30

3. Date Incorporated or Qualified
06/10/1997
4. FEI Number Applied For
65-0768275 Not Applicable
5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required
6. Election Campaign Financing ☐ **\$5.00** May Be
Trust Fund Contribution Added to Fees
8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

RITSON, BRUCE
1622 JOHNSON ST.
KEY WEST FL 33040

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MC MILLIN, KAY	1.2 NAME	
STREET ADDRESS	1001 VON PHISTER ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL 33040	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, JAMES	2.2 NAME	
STREET ADDRESS	511 OLIVIA STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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-08/25/98--01017--024
*****150.00**

14. 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 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:

[Signature]

08/12/98 205/206 5500

CR2E034 (5/98)

RITSON & COMPANY, P.A.

Financial Planning and Tax Matters
1622 Johnson Street
Key West FL 33040
305/294-7284
Phone or Fax

pf2

August 12, 1998

Division of Corporations
P.O. Box 6327
Tallahassee FL 32314
1-850/487-6059

RE: 1998 Annual Report
511 Olivia Street Inc

Greetings:

Enclosed is a copy of the above-noted 1998 Annual Report which you have confirmed, was timely received but on an out-of-date form. I was told this afternoon that a current form was mailed to my client on or about May 13, 1998; my client has not received this correspondence.

On the advice of the Reinstatement Section, we are herewith submitting the 2nd Notice Annual Report Form we have just received, along with our replacement check #1760, in the original filing fee amount of \$150.00.

Thank you for your considerate and prompt assistance in this matter!

Very truly yours,

Bruce Ritson
Bruce Ritson

cc: Kay McMillin
511 Olivia Street Inc

encls: Original AR dtd 04/30/98
Check# 1760
2nd Notice AR Form