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FILED
May 14, 1999 8:00 am
Secretary of State

05-14-1999 90007 003 *****8.75

05-14-1999 90007 004 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000070588

1. Corporation Name

CINDI'S "TLC" CORPORATION

Principal Place of Business
12020-2 FT. CAROLINE ROAD
JACKSONVILLE FL 32225

Mailing Address
12020-2 FT. CAROLINE ROAD
JACKSONVILLE FL 32225

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/14/1997

4. FEI Number

62-1710207

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 **10949-3 McCormick Rd.**

Suite, Apt. #, etc.

22 **JACKSONVILLE, FL.**

Zip Country

24 **32225** 25 **FL**

2a. Mailing Address

26 **10949 McCormick Rd.**

Suite, Apt. #, etc.

27 **JACKSONVILLE, FL.**

Zip Country

29 **32225** 30 **FL**

9. Name and Address of Current Registered Agent

OLSEN, DENNIS M
12020-2 FT. CAROLINE ROAD
JACKSONVILLE FL 32225

10. Name and Address of New Registered Agent

81 Name **OLSEN, DENNIS M**

82 Street Address (P.O. Box Number is Not Acceptable)

10949-3 MCCORMICK RD

83

84 City **JACKSONVILLE FL**

FL

85 Zip Code **32225**

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 **Dennis M. Olsen**

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

4-28-99

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE

NAME **OLSEN, DENNIS M**
STREET ADDRESS **12020-2 FT. CAROLINE ROAD**
CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE **DMST** ☐ DELETE

NAME **SONS-OLSEN, CYNTHIA A.**
STREET ADDRESS **12020-2 FT. CAROLINE ROAD**
CITY-ST-ZIP **JACKSONVILLE FL 32225**

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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President** ☒ Change ☐ Addition

1.2 NAME **Cynthia A Olsen**
1.3 STREET ADDRESS **10949-3 McCormick Rd.**
1.4 CITY-ST-ZIP **JACKSONVILLE, FL - 32225**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE: **Cynthia A. Olsen**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)