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May 04, 1999 8:00 am  
Secretary of State

05-04-1999 90168 023 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P98000026177

1. Corporation Name  
THE OLIVER CORP.

Principal Place of Business  
P. O. BOX 366  
TALLAHASSEE FL 32302

Mailing Address  
P. O. BOX 366  
TALLAHASSEE FL 32302



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/20/1998

4. FEI Number

59-3484621

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 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

~~PITTMAN, SEAN A~~  
~~1260 CHEE LANE~~  
~~TALLAHASSEE FL~~

10. Name and Address of New Registered Agent

81 Name COUNTESS O. RITTMAN

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

83

84 City DAYTONA BEACH

FL

85 Zip Code 32114

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

COUNTESS O. RITTMAN

COUNTESS O. RITTMAN/V. PRES.; P

4/22/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CHAIRMAN/CEO ☒ Change ☐ Addition  
1.2 NAME SAMUEL W. OLIVER, JR.  
1.3 STREET ADDRESS 3984 GAFFNEY LOOP  
1.4 CITY-ST-ZIP TALLAHASSEE, FL 32303

2.1 TITLE P ☒ Change ☐ Addition  
2.2 NAME COUNTESS OLIVER RITTMAN  
2.3 STREET ADDRESS 864 MAGNOLIA AVE  
2.4 CITY-ST-ZIP DAYTONA BEACH, FL 32114

3.1 TITLE V/S ☐ Change ☒ Addition  
3.2 NAME LAWANDA DAWSON  
3.3 STREET ADDRESS 3984 GAFFNEY LOOP  
3.4 CITY-ST-ZIP TALLAHASSEE, FL 32303

4.1 TITLE T ☐ Change ☒ Addition  
4.2 NAME JOE RITTMAN  
4.3 STREET ADDRESS 864 MAGNOLIA AVE.  
4.4 CITY-ST-ZIP DAYTONA BEACH, FL 32114

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99

Date

850.552.3868

Daytime Phone #

CR2E034 (11/98)