PROFIT CORPORATION ANNUAL REPORT 1999



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000078397

OLEANDER HOUSE, INC.

## FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90226 016 \*\*\*150.00



					<b>       </b>		1 <b>18</b> 311 1843 1845
Principal Place of Business	Mailing Address						
12TH ST. AND HWY. 98 12TH ST. AND HWY. 98 APALACHICOLA FL APALACHICOLA FL				]			
				DO NOT WRITE IN THIS SPACE			
				3. Date incorporated or Qualified			
				09/10/1998			- 1
2. Principal Place of Business	2a. Mailing Address	· · · · · ·		4. FEI Number		A	oplied For
21	26			59-3540243	_	No	ot Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc	C.		5. Certificate of Status Desired		\$8.75	Additional
22	27			5. Certificate of Status Desired		Fee Re	equired
City & State	City & State			6. Election Campaign Financing			May Be
23	28			Trust Fund Contribution			to Fees
Zip Country	Zip	. —	intry	8. This corporation owes the curre			
24 25	29	<sup>/</sup> 30	· · · · · · · · · · · · · · · · · · ·	Personal Property Tax.		Yes	□No
9. Name and Address of Curre	int Registered Agent		81 Name	10. Name and Address of New Re	egistered Ag	ent	
LARSON, DONNA			O1 Name				ļ
12TH ST. AND HWY. 98			82 Street Add	dress (P.O. Box Number is Not Acceptab	ole)		
APALACHICOLA FL							
AT ADAOT IIOODA T E			83				
			84 City			85 Zip	Code,
11. Pursuant to the provisions of Sections 607.05					<u> </u>	<u> </u>	
	a oi Fiorica. Judi Gialiga i			don't board or andology, relocally books	no appoint		
office or registered egent, or both; in the State egent, I am familiar with, and accept the oblig SIGNATURE							
SIGNATURE Signature, typed or printed name of registered ag	ant and title if applicable.	(NOTE: Registered	utes.  Ageni signature require	red when reinstating)	DATE		
SIGNATURE Signature, typed or printed name of registered ap 12. OFFICERS A	ant and title if applicable. ND DIRECTORS	(NOTE: Registered	Agent signature require		DATE CERS AND D		
SIGNATURE Signature, typed or printed name of repistered age  12. OFFICERS A  TITLE DOES OF TOTAL	ant and title if applicable.	(NOTE: Registered 13. TE 1.1 TI	Ageni signature require	red when reinstating)	DATE CERS AND D	HECTO	RS IN 12
SIGNATURE Signature, typed or printed name of impristered ap  12. OFFICERS A  TITLE PRESIDENT  NAME DONNA CARSON	ant and title if applicable. ND DIRECTORS	(NOTE: Registered 13. TE 1.1 TII 1.2 N/	Agent signature requin	red when reinstating)	DATE CERS AND D	HECTO	RS IN 12
SIGNATURE Signature, typed or printed name of ingristered age  12. OFFICERS A  TITLE PRESIDENT  DONNA CARSON  STREET ADDRESS 145 A VENUE	ent and title V applicable.  ND DIRECTORS  DELET	(NOTE: Registered 13. TE 1.1 TII 1.2 NA 1.3 ST	TLE  AME  IRSET ADDRESS	red when reinstating)	DATE CERS AND D	HECTO	RS IN 12
SIGNATURE Signature, typed or printed name of registered ap  12. OFFICERS A  TITLE PRESIDENT  DONNA CARSON  STREET ADDRESS 1445 A VENUE  CRY-ST-ZEP APALA CHICALA	ent and little Vi applicable.  ND DIRECTORS  DELET	(NOTE: Registered 13. TE 1.1TII 1.2 NA 1.3 ST 1.4 CT	TLE  AME  IRSET ADDRESS  ITY-ST-ZIP	red when reinstating)	CERS AND	HECTO	RS IN 12
SIGNATURE Signature, typed or printed name of registered ap  12. OFFICERS A  TITLE PRESIDENT  DONNA CARSON  STREET ADDRESS  JUS A VENUE  CITY-ST-20 APALA CHICULA  TITLE	ent and title V applicable.  ND DIRECTORS  DELET	(NOTE: Registered 13. TE 1.1 TII 1.2 NA 1.3 ST 1.4 CT TE 2.1 TII	Agent signature require TLE AME IREET ADDRESS TY-ST-ZP TLE	red when reinstating)	CERS AND	DIRECTO Change	RS IN 12
SIGNATURE Signature, typed or printed name of registered ap  12. OFFICERS A  TITLE PLESIDENT  DONNA CARSON  STREET ADDRESS JUSA VENUE  CITY-ST-ZEP APALACHICULA  TITLE  NAME	ent and little Vi applicable.  ND DIRECTORS  DELET	(NOTE: Registered 13. TE 1.1TT 1.2 NA 1.3 ST 1.4 CT TE 2.1 TI 2.2 NA	Agent signature require TLE AME IREET ADDRESS TY-ST-ZP TLE AME	red when reinstating)	CERS AND	DIRECTO Change	RS IN 12
SIGNATURE Signature, typed or printed name of registered ap  12. OFFICERS A  TITLE PLESIDENT  DONNA CARSON  STREET ADDRESS  JUS A VENUE  CITY-ST-ZEP APALACHICULA  TITLE  NAME  STREET ADDRESS	ent and little Vi applicable.  ND DIRECTORS  DELET	(NOTE: Registered 13. TE 1.1TT 12.NF 1.3 ST 1.4 CT TE 2.1TT 22.NA 2.3 ST 2.3 ST	TLE  AME  IREET ADDRESS  ITY-ST-ZIP  TLE  AME  IREET ADDRESS	red when reinstating)	CERS AND	DIRECTO Change	RS IN 12
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SIGNATURE  Signature, typed or printed name of registered age  12. OFFICERS A  TITLE  PLESIDENT  CONNA-CAISSON  STREET ADDRESS  CITY-ST-ZEP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZEP	ent and title if applicable.  ND DIRECTORS  □ DELET  □ DELET	(NOTE: Registered 13. TE 1.1TI 12.NM 1.3.ST 1.4.CT 12.1TI 22.NA 23.ST 2.4.CT 12.3.3TI 3.4.CT 14.1TI 4.2.NM 4.3.ST 4.4.CT 4.4.CT	TLE  AME TITE  TITE  AME TITE  TITE	red when reinstating)	CERS AND C	Change	RS IN 12 Addition Addition
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SIGNATURE:

DONNA J LARSON