PROFIT CORPORATION ANNUAL REPORT

1999



Secretary of State DIVISION OF CORPORATIONS

FILED Mar 01, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE **Katherine Harris**

03-01-1999 90196 046 ***158.75

DOCUMENT # S20950 1. Corporation Name							
OGLU, INC.							
OGLO, II	10.				. I MARIJO (A. 1/0) (A. 1/10)	 	HERI BIBIC IBB
Principal Place of Business Mailing Address						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	liāri aiair (aār
ROUTE 1, BOX 811 O.G.L.U. INC							
TRENTON FL 32693 8751 NW 173RD ST TRENTON FL 32693-9218				DO NOT WRITE IN THIS SPACE			
		US			3. Date Incorporated or Qualifed	· · · · · · · · · · · · · · · · · · ·	
					12/26/1990		
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For		
21		26			59-3071411		t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc	 1		5. Certificate of Status Desired	47.5:/8: Fee Re	Additional : = -
22 City 9 State		City & State	27 City & State		C. Flastica Compaign Financian		
City & State	•	28		6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country		Zip Country		8. This corporation owes the current year intangible		
24			30	Personal Property Tax.		Yes	₩ 0
	9. Name and Address of Current				10. Name and Address of New Registe	ered Agent	
0.44			ŀ	81 Name			
CHASE, PHYLLIS ANN				82 Street Add	Iress (P.O. Box Number is Not Acceptable)		
8751 NW 173RD ST			ļ				
TRENTON FL 32693				83			
			ŀ	84 City		85 Zip (Code
	40 40 40 40 40 40 40 40 40 40 40 40 40 4	1 007 4500 Florido Otol				FL Spring its	registered
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 register 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							gistered
agent. I ar	n familial with, and accept the obligat	ions of Section 607.0505, Flo	orida Statu	tes.			,
SIGNATURÉ	Signature Type for printed name of registered agent	and little if applicable. (NOTI	E: Registered	Agent signature require	HASE 1-18- ed when reinstating) DAT	-7 <i>-</i> 7	
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO	
TITLE	PS DELETE		1.1 TITL	_E		☐ Change	☐ Addition
NAME	(0,1,102,1,1,122,0,1,1		12 NA	ME .			
STREET ADDRESS	0,0,,,,,,		1.3 STF	REET ADDRESS			
CITY-ST-ZIP	TRENTON FL		_	Y-ST-ZIP		Change	Addition
TITLE	• • •		2.1 T(T)			☐ Change	☐ YOUROU
NAME (COLLITY WITH THE COLL		2.2 NA	ļ			
STREET ADDRESS	8751 NW 173RD ST			REET ADDRESS			
CITY-ST-ZIP TITLE	TRENTON FL DVP		2 4 CH	ry-st-ziP		☐ Change	Addition
NAME	PAUL EARL CHASE		3.2 NA				
STREET ADDRESS	8751 NW 173RD ST		. L	REET ADDRESS			
CITY-ST-ZIP	TRENTON FL 32693			ry-st-zip			
TITLE	☐ DELETE		4.1 TITI	LE		☐ Change	☐ Addition
NAME			4. 2 NA	ME			
STREET ADDRESS			4.3 STF	REET ADDRESS			Ì
CITY-ST-ZIP				Y-ST-ZIP		<u> </u>	
TITLE			5.1 TITI	1		Change	Addition
NAME			5.2 NA				Į
STREET ADDRESS				Y-ST-ZIP			
CiTY-\$T-ZIP			6.1 TIT		- Walter	☐ Change	☐ Addition
TITLE NAME		[5555]	6.2 NA			a	
STREET ADDRESS				REET ADDRESS	,		ļ
CITY-ST-ZIP				Y-ST-ZIP			}
JIII JITAIT							

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 chapter 607, or an attachment with an address, with all other like empowered.

SIGNATURE: