

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # V56933 (7)

1. Corporation Name

CHARLES T. OLSON, INC.

FILED
95 JUL 25 AM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1465 INDIAN TRAIL NORTH
PALM HARBOR FL 34683

Mailing Address

1465 INDIAN TRAIL NORTH
PALM HARBOR FL 34683

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/12/1992

3a. Date of Last Report

06/17/1994

2. Principal Place of Business

21 634 EDGEWATER DR

2a. Mailing Address

26 634 EDGEWATER DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 741

27 741

City & State

City & State

23 DUNEDIN, FLORIDA

28 DUNEDIN, FLORIDA

Zip

Country

Zip

Country

24 34698

25 PINELLAS

29 34698

30 PINELLAS

4. FEI Number

59-3133947

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for interlocking tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

OLSON, CHARLES T
1465 INDIAN TRAIL NORTH
PALM HARBOR FL 34683

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 607.1509, 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 in printed name of registered agent and dated accordingly)

(Signature typed in printed name of registered agent and dated accordingly)

(Date)

12. OFFICERS AND DIRECTORS

1.1 TITLE
NAME OLSON, CHARLES T
STREET ADDRESS 1465 INDIAN TRAIL NORTH
CITY, ST, ZIP PALM HARBOR FL

1.2 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

1.3 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

1.4 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

1.5 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

1.6 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

1.5 TITLE

1.6 NAME

1.7 STREET ADDRESS

1.8 CITY, ST, ZIP

1.9 TITLE

1.10 NAME

1.11 STREET ADDRESS

1.12 CITY, ST, ZIP

1.13 TITLE

1.14 NAME

1.15 STREET ADDRESS

1.16 CITY, ST, ZIP

1.17 TITLE

1.18 NAME

1.19 STREET ADDRESS

1.20 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), 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 as changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES T. OLSON

Date

7/2/95 (8/3/93-7866)