

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 670606

**Entity Name:** FRANK OLIVA, INC.

**Current Principal Place of Business:**

521 S. STATE ROAD 434  
3009  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

P.O. BOX 162331  
ALTAMONTE SPRINGS, FL 32716-2331 US

**FEI Number: 11-2474975**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

OLIVA, FRANK M.  
1270 MAJESTIC OAK DR  
APOPKA, FL 32712 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name OLIVA, FRANK M.  
Address 1270 MAJESTIC OAK DR  
City-State-Zip: APOPKA FL 32712

Title VP  
Name OLIVA, FRANK J.  
Address 1320 CLASSIC DR  
City-State-Zip: LONGWOOD FL 32779

Title VP  
Name OLIVA, JOHN L.  
Address 2203 PALM VIEW DR  
City-State-Zip: APOPKA FL 32712

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: FRANK J OLIVA**

**V.P.**

**02/25/2014**

Electronic Signature of Signing Officer/Director Detail

Date