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May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # 255822 **(9)**

1. Corporation Name
HOLLENBERG & WOLFE, INC.

Principal Place of Business	Mailing Address
1108 WEIGLE AVE. P. O. BOX 1784 SEBRING FL 33871-1784 US	1108 WEIGLE AVE. P. O. BOX 1784 SEBRING FL 33871-1784 US

3. Date Incorporated or Qualified: 02/09/1962
3a. Date of Last Report: 04/23/1996

2. Principal Place of Business — 21: Suite, Apt. #, etc. — 22: City & State — 23: Zip — 24: Country — 25
2a. Mailing Address — 26: Suite, Apt. #, etc. — 27: City & State — 28: Zip — 29: Country — 30

4. FEI Number: 59-0952864 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ARCHIE R. WOLFE
1533 WEIGHTMAN AVE
SEBRING FL 33870

10. Name and Address of New Registered Agent

81 Name: Dean W. Hollenberg
82 Street Address (P.O. Box Number is Not Acceptable): 3205 Dolphin Drive
83
84 City: Sebring, FL 85 Zip Code: 33870

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: DEAN W. HOLLENBERG P/D — Dean W Hollenberg — DATE: 4-17-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☐ DELETE	1.1 TITLE	V/D	☒ Change ☐ Addition
NAME	HOLLENBERG, JEAN B		1.2 NAME	ESTHER S. WOLFE	
STREET ADDRESS	3701 KEARLY AVE		1.3 STREET ADDRESS	1533 WIGHTMAN AVENUE	
CITY-ST-ZIP	SEBRING, FL 00000		1.4 CITY-ST-ZIP	SEBRING, FLORIDA 33870	
TITLE	TD	☐ DELETE	2.1 TITLE	T/D	☒ Change ☐ Addition
NAME	WOLFE, ESTHER S		2.2 NAME	JEAN B. HOLLENBERG	
STREET ADDRESS	1533 WIGHTMAN AVE		2.3 STREET ADDRESS	3701 KEARLY AVENUE	
CITY-ST-ZIP	SEBRING, FL 00000		2.4 CITY-ST-ZIP	SEBRING, FLORIDA 33872	
TITLE	PD	☐ DELETE	3.1 TITLE	P/D	☒ Change ☐ Addition
NAME	WOLFE, ARCHIE R.		3.2 NAME	DEAN W. HOLLENBERG	
STREET ADDRESS	1533 WEIGHTMAN AVE		3.3 STREET ADDRESS	3205 DOLPHIN DRIVE	
CITY-ST-ZIP	SEBRING, FL 00000		3.4 CITY-ST-ZIP	SEBRING, FLORIDA 33870	
TITLE	SD	☐ DELETE	4.1 TITLE	S/D	☒ Change ☐ Addition
NAME	DEAN W. HOLLENBERG		4.2 NAME	JEAN B. HOLLENBERG	
STREET ADDRESS	3205 DOLPHIN DRIVE		4.3 STREET ADDRESS	3701 KEARLY AVENUE	
CITY-ST-ZIP	SEBRING, FL 00000		4.4 CITY-ST-ZIP	SEBRING, FLORIDA 33872	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	J. RALPH HOLLENBERG		5.2 NAME		
STREET ADDRESS	3701 KEARLY AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	SEBRING FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME			6.2 NAME	ARCHIE R. WOLFE	
STREET ADDRESS			6.3 STREET ADDRESS	1533 WIGHTMAN AVENUE	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	SEBRING, FLORIDA 33870	

CR2E034 (9/96)

14. I do 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.

SIGNATURE: [illegible] — 4/17/97 — 941-385-1511