FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED
AND
FILED

TALLAHASSEE, FLORIDA

DOCUMENT # **398332** **(7)**

1. Corporation Name
HOLLEMAN'S RESTAURANT & LOUNGE, INC.

Principal Place of Business	Mailing Address
1 CURTISS PARKWAY MIAMI SPRINGS FL 33166	1 CURTISS PARKWAY MIAMI SPRINGS FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
03/29/1972	06/21/1994

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

4. FEI Number
59-1397902
☐ 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 is subject to provisions of Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HOLLEMAN, HENRY 1 CURTISS PKWY. MIAMI SPRINGS FL	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 Section 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	41 TITLE	☐ Change ☐ Addition
NAME	HOLLEMAN,HENRY C.	42 NAME	
STREET ADDRESS	1 CURTISS PARKWAY	43 STREET ADDRESS	
CITY ST ZIP	MIAMI SPRINGS FL	44 CITY ST ZIP	
TITLE	ST	45 TITLE	☐ Change ☐ Addition
NAME	SEAGRAVE,DEMONT W.	46 NAME	
STREET ADDRESS	1 CURTISS PARKWAY	47 STREET ADDRESS	
CITY ST ZIP	MIAMI SPRINGS FL	48 CITY ST ZIP	
TITLE		49 TITLE	☐ Change ☐ Addition
NAME		50 NAME	
STREET ADDRESS		51 STREET ADDRESS	
CITY ST ZIP		52 CITY ST ZIP	
TITLE		53 TITLE	☐ Change ☐ Addition
NAME		54 NAME	
STREET ADDRESS		55 STREET ADDRESS	
CITY ST ZIP		56 CITY ST ZIP	
TITLE		57 TITLE	☐ Change ☐ Addition
NAME		58 NAME	
STREET ADDRESS		59 STREET ADDRESS	
CITY ST ZIP		60 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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(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: N C Holleman, Pres. 4/28/95 (305) 888-8097
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL
H. C. Holleman, Pres.

0178637 CP