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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **F12846** (4)

1. Corporation Name
HOLLIMAN GROVE, INC.

Principal Place of Business	Mailing Address
ONE CRUSE ALLEY C/O MARTHA SIMMS RAMBO HUNTSVILLE AL 35801 US	ONE CRUSE ALLEY C/O MARTHA SIMMS RAMBO HUNTSVILLE AL 35801 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 01/01/1981	3a. Date of Last Report 03/01/1994
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2046881	Applied For <input type="checkbox"/> Not Applicable
21	26	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Suite, Apt. #, etc.	Suite, Apt. #, etc.	22	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
27	28	23	\$5.00 May Be Added to Fees
City & State	City & State	24	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
Zip	Country	25	29
29	30		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CLEVELAND, MACK 209 N OAK AVE. PICO BUILDING SANFORD FL 32771	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 607.1508, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMBO, MARTHA SIMMS	1.2 NAME	
STREET ADDRESS	ONE CRUSE ALLEY	1.3 STREET ADDRESS	
CITY - ST - ZIP	HUNTSVILLE AL	1.4 CITY - ST - ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLIMAN, J.D. JR.	2.2 NAME	
STREET ADDRESS	RT 1 BOX 1965	2.3 STREET ADDRESS	
CITY - ST - ZIP	WINCHESTER TN	2.4 CITY - ST - ZIP	
TITLE	AS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WISNER, MICHAEL K.	3.2 NAME	
STREET ADDRESS	116 S. JEFFERSON STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	HUNTSVILLE AL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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 110.07(3)(k), 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: *Martha Simms Rambo* 2/27/95 ✓ (205) 539-6205
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR Date