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PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # HOLT GENERATOR SHOP, INC.

(3)

FILED Jan 22 1998 8:00am Secretary of State



Principal Place of Business Mailing Address % RAYMOND E. HOLT % RAYMOND E. HOLT 10244 LEM TURNER ROAD 10244 LEM TURNER ROAD JACKSONVILLE FL 32218 JACKSONVILLE FL 32218 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/07/1983 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2252953 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent HOLT, RAYMOND E. 81 10244 LEM TURNER ROAD Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32218 83 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE Change HOLT, RAYMOND E. NAME 1.2 NAME 10661 ARNEZ RD STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE ☐ DELETE 2.1 TITLE Change Addition HOLT, DAVID L. NAME **2.2 NAME** 10660 ARNEZ RD STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE ☐ Change Addition HOLT, JERRY S. NAME 10308 DENTON RD. STREET ADDRESS 3.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 3.4. CITY-ST-ZIP ☐ DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE ☐ Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE ___ DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. I 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:

1-14-98

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