FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT# 489161

1. Corporation Name

HOLDINGS INVESTMENTS, INC.

FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90008 006 ***150.00

Principal Place of Business Mailing Address		1 .	
		DO NOT WRITE IN THIS SPA	ACE
		3. Date Incorporated or Qualifed	
Principal Place of Business 2a. Mailing Address	7	4. FEI Number	Applied For
21 2535 Success DRIVE 26 2535 Succe	as DRIVE	59-2626249	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.		5. Certifcate of Status Desired	8.75 Additional
22 27		5. Certificate of Status Desired	Fee Required
City & State City & State	<u>م</u>	6. Election Campaign Financing	\$5.00 May Be
23 ODESSA H_ 28 ODESSA FL		Trust Fund Contribution	Added to Fees
Zip Zip Zip Zip Zip Zip	Country 30 ASCO	8. This corporation owes the current year Intangi	
	30 PA-5CO	1	Yes
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name			
	Name K	CHARD W. BAKER	
	82 Street Addre	ess (P.O. Box Number is Not Acceptable)	-
	83	35 SUCCESS DRIVE	
	63		
	84 City		5 Zin Code
	84 City ODE	55/4 FL	27356
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 / SW / SWULL		413/7	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: F 12. OFFICERS AND DIRECTORS	Registered Agent signature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND D	RECTORS IN 12
TITLE P/D DELETE	1.1 TITLE		Change
	1.2 NAME	_	
NAME ROY M. SPEEK STREET ADDRESS 2535 SUCCESS DRIVE	1.3 STREET ADDRESS		
CITY-ST-ZIP ODESSA FL 33554	1.4 CITY-ST-ZIP		
TITLE 5/4/> DELETE	2.1 TITLE		Change
NAME DIAHADA W. BAKER	2.2 NAME	_	
STREET ADDRESS 2535 SUCCESS DRIVE	2.3 STREET ADDRESS		
CITY-ST-ZIP ODESSA FL 33556	2.4 CITY-ST-ZIP		
TITLE DELETE	3.1 TITLE		Change
NAME	3.2 NAME		
STREET ADDRESS	3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE DELETE	3.4. CITY-ST-ZIP		Change
NAME	4. 2 NAME		J
STREET ADDRESS	4.3 STREET ADDRESS		
	4.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE DELETE	5.1 TITLE		Change
NAME	5.2 NAME		V
STREET ADDRESS	5.3 STREET ADDRESS		
CITY-ST-ZIP	5.4 CITY-ST-ZIP		1
TITLE DELETE	6.1 TITLE		Change
NAME	6.2 NAME		Ţ
STREET ADDRESS	6.3 STREET ADDRESS		
}	6.4 CITY-ST-ZIP		}
CITY-ST-ZIP	0.7 OIL OI ES		

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

Daytime Phone #