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May 08 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 # P96000012296 (5)

1. Corporation Name

THOMAS L. HOLST, INC.

Principal Place of Business
4322 SOUTH CLARK AVENUE
TAMPA FL 33611

Mailing Address
4322 SOUTH CLARK AVENUE
TAMPA FL 33611-1306

3. Date Incorporated or Qualified
02/08/1996

3a. Date of Last Report
N/A

2. Principal Place of Business
21 3910 S. Drexel Ave

Suite, Apt. #, etc.

22

City & State

23 Tampa FL

Zip

24 33611

Country

25 USA

2a. Mailing Address
26 3910 South Drexel Ave

Suite, Apt. #, etc.

27

City & State

28 Tampa FL

Zip

29 33611

Country

30

4. FEI Number
59-3373082

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

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME HOLST, THOMAS L
STREET ADDRESS 4322 SOUTH CLARK AVENUE
CITY-ST-ZIP TAMPA FL 33611 ☐ DELETE

TITLE STD
NAME HOLST, SANDY K
STREET ADDRESS 4322 SOUTH CLARK AVENUE
CITY-ST-ZIP TAMPA FL 33611 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME Holst, Thomas L.
1.3 STREET ADDRESS 3910 S. Drexel Ave
1.4 CITY-ST-ZIP Tampa, FL 33611 ☒ Change ☐ Addition

2.1 TITLE STD
2.2 NAME Holst, Sandra K.
2.3 STREET ADDRESS 3910 S. Drexel
2.4 CITY-ST-ZIP Tampa FL 33611 ☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

Sandra K Holst
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0359269

CR2E034 (9/96)