

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Jan 23 1996 8:00 am
Secretary of State

DOCUMENT # **117489** (5)

1. Corporation Name
HOLTSINGER, INC.



Principal Place of Business
**4044 W. KENNEDY BLVD
PO BOX 22582
TAMPA FL 33622**

Mailing Address
**4044 W. KENNEDY BLVD
PO BOX 22582
TAMPA FL 33622**

3. Date Incorporated or Qualified **06/18/1928** 3a. Date of Last Record **01/24/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-0969126	Applied For ☐ Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	
24. Country	29. Country		

9. Name and Address of Current Registered Agent

**TURNER, JOAN H
3404 MCKAY
TAMPA FL 33609**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	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 reissuing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	HOLTSINGER, CHRISTINE L	1.2 NAME	Turner, Joan H
STREET ADDRESS	3405 MULLEN	1.3 STREET ADDRESS	3404 McKay
CITY - ST - ZIP	TAMPA, FL 00000	1.4 CITY - ST - ZIP	Tampa, FL 33609
TITLE	VS	2.1 TITLE	
NAME	TURNER, JOAN H	2.2 NAME	
STREET ADDRESS	3404 MCKAY	2.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA, FL 00000	2.4 CITY - ST - ZIP	
TITLE	VD	3.1 TITLE	
NAME	DAVIS, BETTIE H	3.2 NAME	
STREET ADDRESS	313- W. OAKLYN AVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	3.4 CITY - ST - ZIP	
TITLE	TD	4.1 TITLE	
NAME	TURNER, JOAN H	4.2 NAME	
STREET ADDRESS	3404 MCKAY	4.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA, FL 00000	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
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 119.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-96 813 289-3627

Date

Daytime Phone

CR2E034 (12/95)