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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 24 PM 12:57

DOCUMENT # **134081** **(9)**

1. Corporation Name
HOLLEY, INC.

Principal Place of Business	Mailing Address
705 MABRY STREET TALLAHASSEE FL 32304 US	P. O. BOX 2255 TALLAHASSEE FL 32316-2255 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/16/1937	3a. Date of Last Report: 04/28/1994
4. FEI Number: 59-0286710	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

HOLLEY, III, WILLIAM C.
1060 MACLAY RD.
TALLAHASSEE FL 32312

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	HOLLEY III, WILLIAM C	12 NAME	
STREET ADDRESS	1060 MACLAY RD.	13 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 00000- 32312	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	HOLLEY, ESSIE W.	22 NAME	
STREET ADDRESS	RT 3 BOX 127 A-1	23 STREET ADDRESS	
CITY-ST-ZIP	MONTICELLO FL 32344	24 CITY-ST-ZIP	
TITLE	VSD	31 TITLE	☐ Change ☐ Addition
NAME	HOLLEY, KENNETH B.	32 NAME	
STREET ADDRESS	4204 WICKS LN	33 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL 32086	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	HOLLEY, WM. C., JR.	42 NAME	
STREET ADDRESS	RT 3 BOX 127 A-1	43 STREET ADDRESS	
CITY-ST-ZIP	MONTICELLO FL 32344	44 CITY-ST-ZIP	
TITLE	T	51 TITLE	☐ Change ☐ Addition
NAME	HOLLEY, NANCY M	52 NAME	
STREET ADDRESS	1060 MACLAY RD	53 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32312	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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: William C. Holley III President 5-8-95 576-7131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0408137 FP