FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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 32316-9255 US

3. Date Incorporated or Qualified: **03/16/1937**

3a. Date of Last Report: **05/24/1995**

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 / Country 24 / 25	Zip / Country 29 / 30

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HOLLEY, III, WILLIAM C. 1060 MACLAY RD. TALLAHASSEE FL 32312	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent's signature required when name is changed.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	HOLLEY III, WILLIAM C		1.2 NAME	
STREET ADDRESS	1060 MACLAY RD.		1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 00000		1.4 CITY-ST-ZIP	32312
TITLE	D	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	HOLLEY, ESSIE W.		2.2 NAME	
STREET ADDRESS	RT 3 BOX 127 A-1		2.3 STREET ADDRESS	
CITY-ST-ZIP	MONTICELLO FL		2.4 CITY-ST-ZIP	32344
TITLE	VSD	☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	HOLLEY, KENNETH B.		3.2 NAME	
STREET ADDRESS	4204 WICKS LN		3.3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL		3.4 CITY-ST-ZIP	32086
TITLE	D	☐ DELETE	4.1 TITLE	☒ Change ☐ Addition
NAME	HOLLEY, WM. C., JR.		4.2 NAME	
STREET ADDRESS	RT 3 BOX 127 A-1		4.3 STREET ADDRESS	
CITY-ST-ZIP	MONTICELLO FL		4.4 CITY-ST-ZIP	32344
TITLE	T	☐ DELETE	5.1 TITLE	☒ Change ☐ Addition
NAME	HOLLEY, NANCY M		5.2 NAME	
STREET ADDRESS	1060 MACLAY RD		5.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL		5.4 CITY-ST-ZIP	32312
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	

CR2E034 (12/95)

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: Louise Gray-Berger 4/4/96 904 576 2131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #