

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

FILED

Jan 23 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 # 281922 (5)

1. Corporation Name
HOLMES COUNTY INDUSTRIAL CORPORATION

Principal Place of Business

201 N OKLAHOMA ST
BONIFAY FL 32425

Mailing Address

1713 S WAUKESHA
BONIFAY FL 32425-3113
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

06/02/1964

3a. Date of Last Report

04/09/1996

4. FEI Number

59-1302320

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

BARDEN, MASTON
201 N. OKLAHOMA ST.
BONIFAY FL 32425

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 over the registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	RICH, GRADY CE	
STREET ADDRESS	201 N. OKLAHOMA ST.	
CITY - ST - ZIP	BONIFAY FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	RICH, RALPH	
STREET ADDRESS	201 N. OKLAHOMA ST.	
CITY - ST - ZIP	BONIFAY FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	BARDEN, MASTON	
STREET ADDRESS	201 N. OKLAHOMA ST.	
CITY - ST - ZIP	BONIFAY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COMMANDER, W.L.	
STREET ADDRESS	201 N. OKLAHOMA ST.	
CITY - ST - ZIP	BONIFAY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PAUL, P.L. JR.	
STREET ADDRESS	201 N. OKLAHOMA ST.	
CITY - ST - ZIP	BONIFAY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GEORGE, GLEN	
STREET ADDRESS	201 N. OKLAHOMA ST.	
CITY - ST - ZIP	BONIFAY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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:

Maston Barden
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MASTON BARDEN

Jan 14, 97 904-547-3018
Date Daytime Phone #

CR2E034 (9/96)