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FILED

Apr 14 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 365265 (8)  
1. Corporation Name  
HOLLOWAY HOUSE, INC.



Principal Place of Business Mailing Address  
15405 W HIGHWAY 98 15405 W HIGHWAY 98  
PANAMA CITY BEACH FL 32413 PANAMA CITY BEACH FL 32413

3. Date Incorporated or Qualified 06/04/1970 3a. Date of Last Report 04/10/1996  
4. FEI Number 59-1294767 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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent

HOLLOWAY, JOHN  
16229 E LULLWATER DR.  
PANAMA CITY BEACH FL. FL 32407

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	<del>2b</del> HOLLOWAY, JOHN	<input checked="" type="checkbox"/> DELETE
NAME	16229 E LULLWATER DR	
STREET ADDRESS	PANAMA CITY BCH FL	
CITY-ST-ZIP		
TITLE	B PRESIDENT	<input type="checkbox"/> DELETE
NAME	HOLLOWAY, MYRTLE	
STREET ADDRESS	16229 E LULLWATER DR	
CITY-ST-ZIP	PANAMA CITY BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HOLLOWAY, MYRTLE	
1.3 STREET ADDRESS	16229 E. LULLWATER DR.	
1.4 CITY-ST-ZIP	PANAMA CITY BEACH, FL. 32413	
2.1 TITLE	V-PRES.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	HOLLOWAY, JOHN, JR.	
2.3 STREET ADDRESS	554 N. LAKESHORE DR.	
2.4 CITY-ST-ZIP	PANAMA CITY BEACH, FL. 32413	
3.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	HOLLOWAY, RICHARD	
3.3 STREET ADDRESS	16229 E. LULLWATER DR.	
3.4 CITY-ST-ZIP	PANAMA CITY BEACH, FL. 32413	
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: Myrtle Holloway 3-31-97 904-234-6644  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)