

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91145 029 ***158.75

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DOCUMENT # 365265

1. Entity Name
HOLLOWAY CONSTRUCTION, INC.



Principal Place of Business
**16229 E. LULLWATER DR.
PANAMA CITY BEACH FL 32413**

Mailing Address
**16229 E. LULLWATER DR.
PANAMA CITY BEACH FL 32413**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1294767**

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	HOLLOWAY, JOHN J	
STREET ADDRESS	16229 E. LULLWATER DR.	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32413	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	HOLLOWAY, MYRTLE	
STREET ADDRESS	16229 E. LULLWATER DR.	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32413	
TITLE	V	<input type="checkbox"/> Delete
NAME	HOLLOWAY, RICHARD	
STREET ADDRESS	16229 E. LULLWATER DR.	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32413	
TITLE	S	<input type="checkbox"/> Delete
NAME	FINLEY, PATRICIA	
STREET ADDRESS	144 OLEANDER CT.	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32413	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HOLLOWAY, JOHN H JR.	
STREET ADDRESS	144 OLEANDER CT.	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32413	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	144 Oleander Circle	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joel Singletary	
STREET ADDRESS	459 Moss Ave.	
CITY-ST-ZIP	Vernon, FL 32462	

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04.30.03
Date

850-234-3657
Daytime Phone #

CR2E034 (10/02)