

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 385660

1. Corporation Name

HOLIDAY HOUSE CORPORATION

Principal Place of Business

1601 AIRPORT TERMINAL DR.
DELAND FL 32724
US

Mailing Address

1601 AIRPORT TERMINAL DR.
DELAND FL 32724
US

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90022 032 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/19/1971

4. FEI Number

59-1369811

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

LUBRANO, ANDREW J.
101 EAST KENNEDY BLVD.
SUITE 3700
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name R. James Robbins, Jr.

82 Street Address (P.O. Box Number is Not Acceptable)
101 E. Kennedy Blvd.

83 Suite 3700

84 City Tampa

FL

85 Zip Code

33602

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

3/22/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD

STREET ADDRESS WOODS, JAMES

CITY-ST-ZIP 1601 AIRPORT TERMINAL DR

DELAND, FLORIDA 00000

TITLE ☐ DELETE

NAME D

STREET ADDRESS WOODS, BRIDGET

CITY-ST-ZIP 1601 AIRPORT TERMINAL DR

DELAND FL

TITLE ☒ DELETE

NAME ~~ST~~

STREET ADDRESS ~~WOODS, RONALD E.~~

CITY-ST-ZIP ~~1601 AIRPORT TERMINAL DR~~

DELAND FL

TITLE ☐ DELETE

NAME D

STREET ADDRESS WOODS, NICOLA M.

CITY-ST-ZIP 1601 AIRPORT TERMINAL DR

DELAND FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME PD

1.3 STREET ADDRESS Woods, James

1.4 CITY-ST-ZIP 2037 Lee Road

Orlando, FL 32810

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME D

2.3 STREET ADDRESS Woods, Bridget

2.4 CITY-ST-ZIP 2037 Lee Road

Orlando, FL 32810

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME D

3.3 STREET ADDRESS Woods, Nicola M.

3.4 CITY-ST-ZIP 2037 Lee Road

Orlando, FL 32810

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

James Woods
James Woods

3.30.99

407.293.3827

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F034 (11/98)