AMOUNT DUE I F CORI ANNU	NOTICE: CORPORATION WILD ON OR BEFORE 8/7/96: \$225 (IFPORATION AL REPORT 1996	FLO D	AMOUNT DUE	TO REINSTATE: \$3 MENT OF STATE Mortham of State	75.)			
HOLT C	ONSTRUCTION COMP of Business ATE CR.			<u> </u>				
PENSACOLA F			A FL 32526-9213			3. Date Incorporated or Qualified 10/27/1971	3a. Date of Last Repor 04/28/1995	
2. Principal Pla	ace of Business	2a. Mailing /	Address			4. FEI Number 57-0533821	Applies Not Ap	d For oplicable
Suite, Apt #	t, etc	Suite, Ar	ot. #, etc			5. Certificate of Status Desired	\$8.75 Addit	tional
City & State		27 City & St	ate			Election Campaign Financing Trust Fund Contribution	\$5.00 May Added to Fe	/ Be
Zıp	Country	Zip		Country		8. This corporation has liability for	intangible tax under s. 199	
24	25 9. Name and Address of C	29 Surrent Registered Age		30		Florida Statutes 10. Name and Address of New Re	Yes No Sistered Agent	
11. Pursuant to office or reagent. I an	gistered agent, or both, in the n familiar with, and accept the	State of Florida, Such c obligations of, Section (hange was auti 507.0505, Florid	84 City the above-named horized by the corda Statutes	d corporation	as (P.O. Box Number is Not Acceptab ation submits this statement for the p is board of directors. Thereby accep	FL 85 Zip Code urpose of changing its registrate appointment as registrate.	stered
12.	Signature typed or printed make of registe OF LICER	rectagentarid the Fappication	ilijett	Registered Agent signatu 13.	are reigured	when reinstating) ADDITIONS/CHANGES TO OFFICE	DAIS CERS AND DIRECTORS IN	12
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOLT,C P 1850 INTERSTATE CIRC PENSACOLA FL		DELETE	1 1 TITLE 1 2 NAME 1 3 STREET ADDRESS 1 4 CITY - ST - ZIP	5		Change	Addition C
TITLE NAME STREET ADDRESS CITY-SI-ZIP	ST HOLT, PATRICIA ANN 1850 INTERSTATE CIRC PENSACOLA FL	LE	DELETE	21 TITLE 22 NAME 23 STREET ADDRESS 2 4 CITY - ST - ZIP	S		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DELETE	3 1 TILLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY - ST - ZIP	3		Change	Addition
TIFLE NAME STREET ADDRESS DITY-ST-ZIP		L	DELETE	4 1 THILE 4 2 NAME 4 3 STHEET ADDRESS 4 4 CITY - ST - ZIP	5		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZP		L	DELETE	5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CHY - ST - ZIP	5		Change	Add tion
THLE NAME STREET ADDRESS CITY - ST - ZIP	ocally has the interestors	mulad wite this floor	DELETE	6 1 TITLE 6 2 NAME 6 3 STREET ADDRESS 6 4 CITY - ST - ZIP		for the exempt on stated in Const.	Charge	Addition
further cer made und	thy that the information indicater oath, that I am an officer or one appears in Block 12 or Blo	ed on this annual report director of the corporati	t or supplement on or the receiv an attachnient	tal annual report is ver or trustee empo with an address	s true an	r for the exemption stated in Scotion of accurate and that my signature shall be execute this report as required by the state.	I have the same legal effer Chapter 617 Florida Statuti Call	ctasif L