

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra E. Mathison
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 395245

(4)

1. Corporation Name

HOLLYWOOD ESTATES, INC.



2. Principal Place of Business

4301 KIMBERLY CIRCLE, S
W MELBOURNE FL 32904

2a. Mailing Address

4301 KIMBERLY CIRCLE, S
W MELBOURNE FL 32904

2. Principal Place of Business

21. State, Apt. #, etc.

22. City & State

23. Zip Country

24. 25.

2a. Mailing Address

26. State, Apt. #, etc.

27. City & State

28. Zip Country

29. 30.

9. Name and Address of Current Registered Agent

WELLS, C H

x150 BRY-LYNN DRx 4301 KIMBERLY CIRCLE
W. MELBOURNE FL 32904

3. Date Incorporated or Organized

02/07/1972

3a. Date of Last Report

03/01/1995

4. FEI Number

59-1513455

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

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Numbers Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.03(1) and 607.03(2), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office, changing its registered agent, or both, in the State of Florida as a change was authorized by the corporation's board of directors. I, hereby accept the appointment as registered agent. I am not a shareholder or officer of the corporation.

SIGNATURE

OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

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PT
WELLS, C H
150 BRY-LYNN DR.
W. MELBOURNE FL
V
THORNBURG, H WILLIAM
225 CAMPBELL DR.
W MELBOURNE, FL 32901
S
WELLS, CHARLES C
150 BRY-LYNN DR.
W.MELBOURNE FL

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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

PT WELLS, C H XX Change ☐ Addition

4301 KIMBERLY CIRCLE

W.MELBOURNE, FL.

☐ Change ☐ Addition

S WELLS, CHARLES C XX Change ☐ Addition

4301 KIMBERLY CIRCLE

W.MELBOURNE, FL

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I, hereby certify that the information provided to the filing is voluntary, true and correct, and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am a duly authorized officer or director of the corporation or the person authorized by the corporation to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on the list of officers or directors of the corporation.

SIGNATURE:

Charles C Wells Charles C. Wells

1/8/96

407-724-1100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

PHONE NUMBER

CR2E034 (12/95)