

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **437074** (8)

1. Corporation Name
HOLLY BLUFF, INC.

Principal Place of Business
**2000 STATE RD 44 W
DELAND FL 32720**

Mailing Address
**2244 HONTOON RD.
DELAND FL 32720
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/28/1973** 3a. Date of Last Report **06/14/1994**

2. Principal Place of Business
21 **2244 Hontoon Rd.**

2a. Mailing Address
26

4. FEI Number **59-1503874** Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

23 City & State
DeLand, FL

27 City & State

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

24 Zip **32720** 25 Country **USA**

28 Zip 30 Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JORGENSEN, TERRY L
183 N. GRAND AVE.
DELAND FL 32720**

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 *Terry L. Jorgensen* **Terry L. Jorgensen** 4-26-95
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

TITLE
NAME **P JORGENSEN TERRY L**
STREET ADDRESS **183 N. GRAND AVE.**
CITY - ST - ZIP **DELAND FL**

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP Change Addition

TITLE
NAME **V JORGENSEN, PENNY L**
STREET ADDRESS **2200 HONTOON RD**
CITY - ST - ZIP **DELAND FL**

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP Change Addition

TITLE
NAME **T JORGENSEN, MARIE E**
STREET ADDRESS **2200 HONTOON RD**
CITY - ST - ZIP **DELAND FL**

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP Change Addition

TITLE
NAME **S JORGENSEN, DENISE M.**
STREET ADDRESS **2244 HONTOON RD.**
CITY - ST - ZIP **DELAND FL**

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished 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 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: *Terry L. Jorgensen* **Terry L. Jorgensen** 4-26-95 (904) 736-2424
Signature and typed or printed name of signing officer or director Date Daytime Phone #