

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL 14 PM 2:18

DOCUMENT # 445062 (3)

1. Corporation Name

HOLIDAY VENTURES AT ENGLEWOOD, INC.

Principal Place of Business

1798 WILSON PARKWAY
P.O. BOX 756
FAYETTEVILLE TN 37334

Mailing Address

1798 WILSON PARKWAY
P.O. BOX 756
FAYETTEVILLE TN 37334

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/31/1974

3a. Date of Last Report

03/07/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

4. FEI Number

59-1522391

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 has liability for intangible tax under s. 198.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MCKINLEY, MICHAEL R.
1861 PLACIDA RD., STE. 104
ENGLEWOOD FL 34295

10. Name and Address of New Registered Agent

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

Signature Agent or certified name of registered agent and fee if applicable

Signature Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

DP
CARTER, WILLIAM R.
E MULBERRY ST.
FAYETTEVILLE TN

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

VDS
MOORE, HAROLD
1025 PETERSBURG HIGHWAY
FAYETTEVILLE TN

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

VD
KELSO, J.L.
W. WASHINGTON STREET
FAYETTEVILLE TN

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

AS
MARTIN, LINDA
1304 WOODLAND DRIVE
FAYETTEVILLE TN

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP

☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

☐ Change ☐ Addition

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:

Harold Moore

Harold Moore VDS

SIGNATURE OF REGISTERED AGENT OR CERTIFIED NAME OF SIGNING OFFICER OR DIRECTOR

6-7-95

615-433-7702