

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 445062 (3)

1. Corporation Name

HOLIDAY VENTURES AT ENGLEWOOD, INC.

Principal Place of Business

1796 WILSON PARKWAY  
P.O. BOX 756  
FAYETTEVILLE TN 37334

Mailing Address

1796 WILSON PARKWAY  
P.O. BOX 756  
FAYETTEVILLE TN 37334



3. Date Incorporated or Qualified

01/31/1974

3a. Date of Last Report

06/14/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

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

4. FEI Number

59-1522391

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 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

DP

☐ DELETE

NAME

CARTER, WILLIAM R.

STREET ADDRESS

E MULBERRY ST.

CITY - ST - ZIP

FAYETTEVILLE TN

TITLE

VDS

☐ DELETE

NAME

MOORE, HAROLD

STREET ADDRESS

1025 PETERSBURG HIGHWAY

CITY - ST - ZIP

FAYETTEVILLE TN

TITLE

VD

☐ DELETE

NAME

KELSO, J.L.

STREET ADDRESS

W. WASHINGTON STREET

CITY - ST - ZIP

FAYETTEVILLE TN

TITLE

AS

☐ DELETE

NAME

MARTIN, LINDA

STREET ADDRESS

1304 WOODLAND DRIVE

CITY - ST - ZIP

FAYETTEVILLE TN

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change

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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. I attach an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-96

Date

615-433-7702

Daytime Phone #

CR2E034 (12/95)