


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Mar 30 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **445062** (3)

1. Corporation Name

**HOLIDAY VENTURES AT ENGLEWOOD, INC.**

Principal Place of Business

**1708 WILSON PARKWAY  
P.O. BOX 756  
FAYETTEVILLE TN 37334**

Mailing Address

**1708 WILSON PARKWAY  
P.O. BOX 756  
FAYETTEVILLE TN 37334**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/31/1974**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCKINLEY, MICHAEL R.  
1881 PLACIDA RD., STE. 104  
ENGLEWOOD FL 34295**

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 ☐ DELETE

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

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**VDS  
MOORE, HAROLD  
1025 PETERSBURG HIGHWAY  
FAYETTEVILLE TN**

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

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

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**AS  
MARTIN, LINDA  
1304 WOODLAND DRIVE  
FAYETTEVILLE TN**

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY - ST - ZIP**

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY - ST - ZIP**

6.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY - ST - ZIP**

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 by an attachment with an address.

SIGNATURE:

*Harold Moore*

Harold Moore 3-11-98 931-433-7702

CR2E034 (10/97)