

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 521422 (6)

1. Corporation Name

HOLIDAY ON WHEELS, INC.

Principal Place of Business

4100 W. 23RD STREET
PANAMA CITY FL 32405

Mailing Address

4100 W. 23RD STREET
PANAMA CITY FL 32405



3. Date Incorporated or Qualified
12/29/1976

3a. Date of Last Report
03/09/1995

2. Principal Place of Business

2a. Mailing Address

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Suite, Apt. #, etc.

Suite, Apt. #, etc.

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City & State

City & State

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Zip

Country

Zip

Country

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4. FEI Number

59-1711357

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MEADOWS, DAVID M
150 LAIRD CIR
PANAMA CITY FL 32407

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 the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE V ☐ DELETE

NAME MEADOWS, DOUGLAS R
STREET ADDRESS RT. 3, BOX 296 A
CITY-ST-ZIP WEWAHITCHKA FL

TITLE T ☐ DELETE

NAME MEADOWS, MURIEL
STREET ADDRESS RT. 3, BOX 296 A
CITY-ST-ZIP WEWAHITCHKA FL

TITLE P ☐ DELETE

NAME MEADOWS, DAVID M
STREET ADDRESS 150 LAIRD CIR
CITY-ST-ZIP PANAMA CITY BCH, FL00000

TITLE S ☐ DELETE

NAME MEADOWS, DIANE
STREET ADDRESS 150 LAIRD CIR.
CITY-ST-ZIP PANAMA CITY BCH FL

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

Vice Pres

MEADOWS, Douglas R
2531 W 9th Street
Panama City FL 32401

T

MEADOWS, Muriel
2531 W 9th Street
Panama City FL 32401

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David M Meadows

3-1-96

785-1566

CR2E034 (12/95)