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Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90139 038 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **544678**

CORPORATION NAME
HOLDADE CORPORATION

Principal Place of Business

**10775 S.W. 200 STREET
MIAMI FL 33189**

Mailing Address

**10775 S.W. 200 STREET
MIAMI FL 33189**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/07/1977

4. FEI Number

59-1854164

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

3380 Fairlane Farms Road

Suite, Apt. #, etc.

Suite 1

City & State
Wellington, Florida

Zip **33414** Country **Palm Beach**

2a. Mailing Address

3380 Fairlane Farms

Suite, Apt. #, etc.

Suite 1

City & State
Wellington, Florida

Zip **33414** Country

9. Name and Address of Current Registered Agent

**LEEMON, CHARLES L. III
10775 S.W. 200 STREET
MIAMI FL 33189**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

3380 Fairlane Farms Road

83 Suite 1

84 City **Wellington**

FL

85 Zip Code **33414**

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 **Charles L. Leemon III**

1-22-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DV** ☐ DELETE

NAME **LEEMON, CHARLES**

STREET ADDRESS **10775 S W 200TH STREET**

CITY-ST-ZIP **MIAMI FL**

TITLE **DP** ☐ DELETE

NAME **LEEMON, CHARLES L III**

STREET ADDRESS **17704 S W 83RD COURT**

CITY-ST-ZIP **MIAMI FL**

TITLE **S** ☐ DELETE

NAME **LEEMON, LINDA L**

STREET ADDRESS **17704 S.W. 83RD COURT**

CITY-ST-ZIP **MIAMI FL**

TITLE **DT** ☐ DELETE

NAME **LEEMON, JACQUELYN I**

STREET ADDRESS **11924 FOREST HILL BLVD**

CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

533 Finger Hill Road

1.4 CITY-ST-ZIP

Marissa, Illinois 62257

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

15850 Britten Lane

2.4 CITY-ST-ZIP

Wellington, Florida 33414

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

15850 Britten Lane

3.4 CITY-ST-ZIP

Wellington, Florida 33414

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, on an attachment with an address, with all other like empowered.

SIGNATURE:

Linda L. Leemon
Linda L. Leemon

1-22-99

561-753-9999

Date

Daytime Phone #