

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

**95 APR 25 AM 7:44**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # 560017 (6)**

**1. Corporation Name  
JIM HOLM, INC.**

**Principal Place of Business  
22139 BIRR COURT  
MT DORA FL 32757**

**Mailing Address  
22139 BIRR COURT  
MT DORA FL 32757**

DO NOT WRITE IN THIS SPACE.

**3. Date Incorporated or Qualified 02/16/1978** **3a. Date of Last Report 04/26/1994**

**4. FEI Number 59-1805666** **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**

**7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes** ☐ Yes ☒ No

**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**

**25**

**29**

**30**

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**HOLM, JAMES PARKER MR.  
22139 BIRR COURT  
MOUNT DORA FL 32757**

**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 P  
NAME HOLM, JAMES P.  
STREET ADDRESS 22139 BIRR COURT  
CITY - ST - ZIP MOUNT DORA FL**

**1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP**

☐ Change ☐ Addition

**TITLE ST  
NAME HOLM, SHIRLEY  
STREET ADDRESS 22139 BIRR COURT  
CITY - ST - ZIP MOUNT DORA FL**

**2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP**

☐ Change ☐ Addition

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

**3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP**

☐ Change ☐ Addition

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

**4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP**

☐ Change ☐ Addition

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

**5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP**

☐ Change ☐ Addition

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

**6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 resolver 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:**

*James P. Holm*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**James P. Holm 4/18/95 (904) 383-1745**

Date

Telephone #