FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR -7 AM 4:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **593502** **(8)**

1. Corporation Name

HOLLAND AMERICAN MANAGEMENT AND INVESTMENT COMPA NY

Principal Place of Business	Mailing Address
13585 49TH STREET N CLEARWATER FL 34622	13585 49TH STREET N CLEARWATER FL 34622

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/16/1978**

3a. Date of Last Report: **04/18/1994**

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

4. FEI Number: **59-1862747** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State — 23:

City & State — 28:

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip — 24: Country — 25:

Zip — 29: Country — 30:

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

9. Name and Address of Current Registered Agent

GORDON, MARVENE A
SUITE 208 2831 RINGLING BLVD
SARASOTA FL 34237

10. Name and Address of New Registered Agent

81 Name: L.F.A. SCHWAANHUYSER

82 Street Address (P.O. Box Number is Not Acceptable): 13585 49 TH STR. N.

83:

84 City: CLEARWATER FL 85 Zip Code: 34622

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: L.F.A. SCHWAANHUYSER — 4.4.95.

Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstated. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SVD	11 TITLE		☒ Change ☐ Addition
NAME	SCHWAANHUYSER, JOSINA	12 NAME		
STREET ADDRESS	5325 ASHLEY PKWY	13 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	14 CITY-ST-ZIP	ZIPCODE 34241	
TITLE	D	21 TITLE		☒ Change ☐ Addition
NAME	RAVESTIJN, LENA	22 NAME		
STREET ADDRESS	P/A 5325 ASHLEY PKWY	23 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	24 CITY-ST-ZIP		
TITLE	PTDM	31 TITLE		☒ Change ☐ Addition
NAME	SCHWAANHUYSER, LOUIS F.A.	32 NAME		
STREET ADDRESS	5325 ASHLEY PKWY	33 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☒ Change ☐ Addition
NAME	SCHWAANHUYSER, JOOST J.	42 NAME		
STREET ADDRESS	5325 ASHLEY PKWY	43 STREET ADDRESS	DELETE NAME & ADDR.	
CITY-ST-ZIP	SARASOTA FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☒ Change ☐ Addition
NAME	SCHWAANHUYSER, NIELS Y.	52 NAME		
STREET ADDRESS	5325 ASHLEY PKWY	53 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	54 CITY-ST-ZIP	ZIPCODE 34241	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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)(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 on an attachment with an address.

SIGNATURE: L.F.A. SCHWAANHUYSER — 4.4.95

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date

Effective Year

0960404 CP