# 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 18 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **599551** **(9)**

1. Corporation Name
**HOLIDAY PINES SERVICE CORP.**

| Principal Place of Business | Mailing Address |
|---|---|
| 111 SO PARKER STR<br>STE 204<br>TAMPA FL 33606<br>US | 111 SO PARKER STR<br>STE 204<br>TAMPA FL 33606<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/30/1979
3a. Date of Last Report: 02/28/1994

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 4427 W. Kennedy Blvd | 26 4427 W. Kennedy Blvd |
| 22 Suite, Apt. #, etc. Ste 375 | 27 Suite, Apt. #, etc. Ste 375 |
| 23 City & State Tampa, FL | 28 City & State Tampa, FL |
| 24 Zip 33609 25 Country US | 29 Zip 33609 30 Country US |

4. FEI Number: 59-1950617 ☐ 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 |
|---|---|
| ~~SALOMON, TIM~~<br>~~111 SO PARKER STR~~<br>~~STE 204~~<br>~~TAMPA FL 33606~~ | 81 Name: Tamara Elliott<br>82 Street Address (P.O. Box Number is Not Acceptable): 4927 W. Kennedy Blvd.<br>83 Ste 375<br>84 City: Tampa FL 85 Zip Code: 33609 |

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: Tamara Elliott, Tamara Elliott, Book Keeper 4/5/95
(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 | PTD | 11 TITLE | ☒ Change ☐ Addition |
| NAME | BROWN, THOMAS | 12 NAME | |
| STREET ADDRESS | 111 SO PARKER STR, STE 204 | 13 STREET ADDRESS | 4427 W. Kennedy Blvd Ste 375 |
| CITY ST ZIP | TAMPA FL | 14 CITY ST ZIP | Tampa, FL 33609 |
| TITLE | D | 21 TITLE | ☒ Change ☐ Addition |
| NAME | BROWN, PATRICIA | 22 NAME | |
| STREET ADDRESS | 111 SO PARKER STR STE 204 | 23 STREET ADDRESS | 4427 W. Kennedy Blvd Ste 375 |
| CITY ST ZIP | TAMPA FL | 24 CITY ST ZIP | Tampa, FL 33609 |
| TITLE | ~~VSD~~ Delete. | 31 TITLE | ~~☒ Change ☐ Addition~~ |
| NAME | ~~SALOMON, TIM~~ | 32 NAME | |
| STREET ADDRESS | ~~111 SO PARKER STR STE 204~~ | 33 STREET ADDRESS | ~~4427 W. Kennedy Blvd Ste 375~~ |
| CITY ST ZIP | ~~TAMPA FL~~ | 34 CITY ST ZIP | ~~Tampa, FL 33609~~ |
| TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | 300001453748 |
| STREET ADDRESS | | 43 STREET ADDRESS | -04/19/95--01001--018 |
| CITY ST ZIP | | 44 CITY ST ZIP | ****200.00 ****200.00 |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | 4/18/95 |
| CITY ST ZIP | | 54 CITY ST ZIP | MB |
| 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)(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 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, added or deleted with an asterisk.

**SIGNATURE:** Thomas, J. Brown 4/5/95 813-282-1404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0201618 CP