

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Jul 23 1997 8:00am
Secretary of State

DOCUMENT # **710101** (7)

1. Corporation Name

CORVILLA, INC.



Principal Place of Business

Mailing Address

**2423 CORVILLA DRIVE
ZEPHYRHILLS FL 33540**

**2423 CORVILLA DRIVE
ZEPHYRHILLS FL 33540**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/27/1965

3a. Date of Last Report

03/13/1996

4. FEI Number

23-7354613

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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 or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HOLT, ERSKINE L
2423 CORVILLA DR.
ZEPHYRHILLS FL 33540**

81. Name

ERSKINE L. HOLT

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

2423 CORVILLA DR.

83.

84. City

ZEPHYRHILLS

FL

85. Zip Code

33540

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **Erskine L. Holt**

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

(NOTE: Registered Agent signature required when reinstating)

7-17-97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE

NAME **HOLT, RHONDA J**
STREET ADDRESS **18810 TWENTY GRAND**
CITY-ST-ZIP **EAGLE RIVER AK**

TITLE **TD** ☐ DELETE

NAME **DEJESUS, JOSE**
STREET ADDRESS **2412 CORVILLA DR.**
CITY-ST-ZIP **ZEPHYRHILLS, FL 00000**

TITLE **PD** ☐ DELETE

NAME **HOLT, ERSKINE L**
STREET ADDRESS **2423 CORVILLA DR.**
CITY-ST-ZIP **ZEPHYRHILLS, FL 00000**

TITLE **VD** ☐ DELETE

NAME **HOLT, LUCILLE M**
STREET ADDRESS **2423 CORVILLA DR.**
CITY-ST-ZIP **ZEPHYRHILLS, FL 00000**

TITLE **MD** ☐ DELETE

NAME **HOLT, BEVERLY R.**
STREET ADDRESS **PO BOX 21582 N/A**
CITY-ST-ZIP **JUNEAU AK**

TITLE **SD** ☐ DELETE

NAME **DEJESUS, ANGELA**
STREET ADDRESS **2412 CORVILLA DR.**
CITY-ST-ZIP **ZEPHYRHILLS, FL 00000**

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

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

7-17-97

813-787-7373

CR2E037 (4/97)