

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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**Apr 28 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 819207 (2)

1. Corporation Name
HOLLAND CONSTRUCTION CO., INC.



Principal Place of Business 340 WEDDINGTON - MARVIN RD. WEDDINGTON NC 28173	Mailing Address 340 WEDDINGTON - MARVIN RD. WEDDINGTON NC 28173
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3. Date Incorporated or Qualified 12/07/1965	3a. Date of Last Report 04/17/1996
4. FEI Number 75-1090037	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Sube, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Zip	25 Country
29 Zip	30 Country

9. Name and Address of Current Registered Agent

**ABERNETHY, BRUCE R. JR.
 900 VIRGINIA AVE.
 SUITE G
 FT. PIERCE FL 34950**

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HOLLAND, R CALVIN	
STREET ADDRESS	340 WEDDINGTON-MARVIN RD	
CITY- ST- ZIP	WEDDINGTON NC	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HOLLAND, R. STANLEY	
STREET ADDRESS	340 WEDDINGTON-MARVIN RD	
CITY- ST- ZIP	WEDDINGTON NC	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HOLLAND, BETTY M	
STREET ADDRESS	340 WEDDINGTON-MARVIN RD	
CITY- ST- ZIP	WEDDINGTON NC	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HOLLAND, K. TODD	
STREET ADDRESS	340 WEDDINGTON-MARVIN RD	
CITY- ST- ZIP	WEDDINGTON NC	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MOORMAN, DEBRA H.	
STREET ADDRESS	1908 CAPERS COURT	
CITY- ST- ZIP	RALEIGH NC	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] PRES Date: 04-22-97 Daytime Phone #: 704-846-1009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
R. CALVIN HOLLAND

CR2E034 (9/96)