

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

001094

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90103 014 ***150.00

DOCUMENT # 819207

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/07/1965	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				75-1090037	
22		27		5. Certificate of Status Desired	
City & State		City & State		<input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing	
Zip		Zip		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24		29		30	
Country		Country		8. This corporation owes the current year intangible Personal Property Tax.	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ABERNETHY, BRUCE R. JR. 900 VIRGINIA AVE. SUITE G FT. PIERCE FL 34950				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLAND, R CALVIN	1.2 NAME	
STREET ADDRESS	340 WEDDINGTON-MARVIN RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEDDINGTON NC	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLAND, R. STANLEY	2.2 NAME	
STREET ADDRESS	340 WEDDINGTON-MARVIN RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEDDINGTON NC	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLAND, BETTY M	3.2 NAME	
STREET ADDRESS	340 WEDDINGTON-MARVIN RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEDDINGTON NC	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLAND, K. TODD	4.2 NAME	
STREET ADDRESS	340 WEDDINGTON-MARVIN RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEDDINGTON NC	4.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORMAN, DEBRA H.	5.2 NAME	
STREET ADDRESS	1908 CAPERS COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, by an attachment with an address, with all other like empowered.

SIGNATURE: *R. Calvin Holland* 04-28-99 704-846-1039
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
R. CALVIN HOLLAND

CR2E034 (11/98)