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CORPORATION ANNUAL REPORT 1995



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 FEB 14 PM 12:55

DOCUMENT # F26382 (4)

1. Corporation Name HOLIDAY INTERIORS, INC.

Principal Place of Business 6011 HIGH ST. NEW PORT RICHEY FL 34653 Mailing Address 6011 HIGH ST. NEW PORT RICHEY FL 34653

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 03/23/1981 3a. Date of Last Report 04/06/1994

2. Principal Place of Business 21. Suite, Apt. #, etc. 2a. Mailing Address 26. Suite, Apt. #, etc.

4. FEI Number 59-2082372 Applied For Not Applicable

22. City & State 27. City & State

5. Certificate of Status Desired \$8.75 Additional Fee Required

23. Zip 24. Country 25. Zip 28. Country

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

24. Zip 25. Country 29. Zip 30. Country

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

ANDERSON, RENA 6011 HIGH STREET NEW PORT RICHEY FL 33552

81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. City 84. City 85. Zip Code

Change of address only

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 Rena M Anderson President 2-12-95

Table with 2 main columns: 12. OFFICERS AND DIRECTORS and 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Includes fields for Title, Name, Street Address, City, ST, ZIP.

14. I do hereby certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 11D.07(3)(k), Florida Statutes. I further certify that the information indicated in 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 the report as required by Chapter 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: Rena M Anderson President 2-12-95

813-848-0032