

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

FILED

Feb 18 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # **F51065** (3)  
1. Corporation Name  
**DRS. HOLLER, HINES, ASHWOOD AND RECKSON, P.A.**

Principal Place of Business  
**931 N SPRING GARDEN AVE  
~~WILLER'S SQUARE delete~~  
DELAND FL 32720-2580  
US**

Mailing Address  
**931 N SPRING GARDEN AVE  
~~WILLER'S SQUARE delete~~  
DELAND FL 32720-2580  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/23/1981**

4. FEI Number

**59-2131985**

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

**RECKSON, CHARLES E M.D.  
1780 DOOLITTLE COURT  
DAYTONA BEACH FL 32124**

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 607.1505, 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

*Charles E. Reckson*  
Signature, typed or printed name of registered agent not applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/11/98**

12. OFFICERS AND DIRECTORS

TITLE **S** ☐ DELETE  
NAME **HOLLER, WILLIAM E III**  
STREET ADDRESS **RT 6 2121 HONTOON RD**  
CITY-ST-ZIP **DELAND FL**

TITLE **EVP** ☐ DELETE  
NAME **ASHWOOD, EDWARD L**  
STREET ADDRESS **2160 HIGHLAND AVE**  
CITY-ST-ZIP **DELAND FL**

TITLE **P** ☐ DELETE  
NAME **RECKSON, CHARLES E**  
STREET ADDRESS **1780 DOOLITTLE CT.**  
CITY-ST-ZIP **DAYTONA BEACH FL 32124**

TITLE **T** ☐ DELETE  
NAME **HINES, KENNETH K JR**  
STREET ADDRESS **150 W WINNEMISSETT DR**  
CITY-ST-ZIP **DELAND FL**

TITLE **EVP** ☐ DELETE  
NAME **BUSH, JEFFREY J**  
STREET ADDRESS **2789 CONYERS CT**  
CITY-ST-ZIP **DELTONA FL**

TITLE **EVP** ☐ DELETE  
NAME **ENGELKEN, JOHN D**  
STREET ADDRESS **527 HEMINGWAY CT**  
CITY-ST-ZIP **DELAND FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE **DIRECTOR** ☒ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE **DIRECTOR** ☒ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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, upon an attachment with an address.

SIGNATURE

*Charles E. Reckson*

**2/11/98**

CR2E034 (10/97)