


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

①

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # F7U195

1. Corporation Name

Hollaway & Associates, Inc. of Jacksonville

Principal Place of Business

Mailing Address

2105 South Fletcher

P.O. Box 8098

Fernandina Bch., Fl.

Fernandina Bch., Fl.

32034

32035-8098

2. Principal Place of Business

2a. Mailing Address

2105 S. Fletcher

P.O. Box 8098

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Fernandina FL

Fernandina FL

Zip

Country

Zip

Country

32034

USA

32035

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
4-13-1982

3a. Date of Last Report  
5/96

4. FEI Number

59-2196349

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 a registered agent 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/29/97 904-261-8498

CR2E034 (9/96)

FILED  
97 OCT 16 AM 9:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2

***Holloway & Associates, Inc.***

P O Box 8098

Fernandina Beach, Florida 32035

(904) 261-8498

Fax (904) 261-3054

State Cert. #CGC036188

**Transmittal Sheet**

**Date:** September 15, 1997  
**To:** Florida Department of State  
**From:** Jill Van Beek  
Vice President  
**Re:** Profit Corporation Annual Report

We did not receive our Annual Report for 1997. I was told to make a copy from a previous report and to make corrections as needed.