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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

F96000003592 (0)

1.23.48

J HOLLAND CORPORATION

FILED Jun 01 1998 8:00am Secretary of State



							(40 11)01 WILLS 18110 1103 1801
Principal Place	e of Business	Mailing Address					
16015 WILMINGTON PL. TAMPA FL 33847		16015 WILMINGTON PL. Tampa Fl 33647				DO NOT WRITE IN THIS	S SPACE
						3. Date Incorporated or Qualified	
						07/15/1996	
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number	Applied For
21		26				22-3100327	Not Applicable
Suite, Apt. #	#, e1c.	Soite, Apt. #, etc.				_	\$8.75 Additional
22		27				5. Certificate of Status Desired	Fee Required
City & State)	City & State				8. Election Campaign Financing	\$5.00 May Be
23		28				Trust Fund Contribution	Added to Fees
Zip	Country	y Zip Co		ntry		8. This corporation owes or has paid the c	
24	25	29	30			Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Registered	3 Agent
HOL	LAND, JOHN			81 Na	ame		
160	15 WILMINGTON PL			82 Street Address (P.O. Box Number is Not Acceptable)			
TAM	IPA FL 33647						
				83			
			ŀ	84 Cit	tv		85 Zip Code
				- 1	-	F	L
office or re	o the provisions of Sections 607.050. ogistered agont, or both, in the State on familiar with, and accept the	of Honda. Such ch arcie w as a	iulhorizeč	by the	med corpo corporatio	ration submits this statement for the purpose n's board of directors. I hereby accept the ap	opointment as registered
	II tamina with, and accept the	363 (1011 007 10300), 110	mad etter	100		when (cinstating) 4/2 DATE	7/98
SIGNATURE	Signature: typed to point or name of its describaging	of and tise Eapporable (NOTE	E: Registered	Agent sig	natire required	when reinstating) DATE	
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	P	☐ DELETE	1.1 10	Lŧ			Change Addition
NAME	16015 WILMINGTON PLACE 1.33 TAMPA FL 33647 141		1.2 NA	1.2 NAME 1.3 STREET ADDRESS			
STREET ADDRESS			1.3 ST				
CITY-ST-ZIP			1400	Y-ST-71P	>		
TITLE		☐ DELETE	2111	LF			Change Addition
NAME			2 2 NA	ME			
STREET ADDRESS			2 3 ST	REET ADDR	RESS		
CITY-ST-ZIP			2 4 CI	TY - ST - ZIF	Р		,
TITLE		DELETE	3 1 1 11	LE	1		Change Addition
NAME			3 2 NA	MF			
STREET ADDRESS			3 3 ST	REFT ADDE	RESS		
CITY-ST-ZIP			3.4. CI	1Y-S1-ZIF	Р		
TITLE	_	L DELETE	4.1 T)T	LE			Change Addition
NAME			4. 2 N	AME.			
STREET ADDRESS	·····		4.3 ST	4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE	DELETE 5.1		5.1 TIT	5.1 TITLE			Change Addition
NAME			5.2 NA	ME		5000025426 -06/01/98011020	ijb
STREET ADDRESS			5.3 \$1	REET ADDE	ress	-06/01/98011020	J13
CITY-ST-ZIP			5.4 CI	Y-S1-ZIP	-	***150.00	
TITLE		DELETE	61717	LF			Change Addition
NAME			6.2 NA	ME		_	
STREET ADDRESS	,		6.3 ST	REET ADDE	RESS	(A)	110
CITY-ST-ZIP			6.4 CI	TY - ST - <i>Ž</i> IP	,		<u> </u>

14. Thereby 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 logal effect as if made under oath; that I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with any addises.

CICNATUDE.

attachmumi with an address

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017-979-1929