99年119 四十56

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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT	##	<u> </u>	266
DOCUMENT	##	しつび	ろわり

1. Corporation Name

HOLLIS	ENGINEERING, INC.				The second	P ŽEMŠA
						<u>ania 1114 ilah 1114 ilah 1114 ilah 1114 ilah 1</u>
Principal Plac	e of Business	Mailing Address				<u> </u>
	PORATE SERVICES OF CENTRAL FL	P.O. BOX 4961				
390 N. ORANG   ORLANDO FL 3	E AVE STE 1100 32901	ORLANDO FL 32802-4961 US			DO NOT WRITE IN THIS	SPACE
US					3. Date Incorporated or Qualified	- Cirio
					08/05/1983	
<b></b> '	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-2327068	Not Applicable
Suite, Apt	#, etc	Suite Apt #, etc			5. Certificate of Status Desired [ ]	\$8.75 Additional Fee Required
City & Stat	te	City & State				•
23		28			6. Election Campa gn Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year lo	
24	[25]	29	30		Personal Property Tax	[]Yes LING
	9. Name and Address of Current	Registered Agent	'		10. Name and Address of New Registered	Agent
	e copposite centrere or ce	NITOAL EL	81	Name		
	C CORPORATE SERVICES OF CE N ORANGE AVENUE	NIKAL FL	82	Struct Add	Iross (P.O. Box Number is Not Acceptable)	
1	1100					
,	ANDO FL 32801		83			
OnL	ANDO I E SEGOI		84	City		85 Zip Code
11. Pursuant office or ragent. I a					poration submits this statement for the purpose of nor's board of directors. Thereby accept the appoi	<ul> <li>I drawing its registered intrient as registered</li> </ul>
L	Signature Typed or ported have of registered agends		·	Escaper of the pro-		
12.	OFFICERS AND	DIRECTORS [] DELETE	13.	1	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12 [ ]Change
NAME	HOLLIS, PHILLIP C PE	1 rocci i	1.2 NAME		ning of self-time (2003)	
STREET ADDRESS	153 PLUMOSUS DRIVE		13 STe3 E1	Africal States	- 04/23/39	
CITY-ST-ZIP	ALTAMONTE SPGS FL		14 (11)-5			****150.00
TITLE	ST	[1] DEVE TE	21101	· · · · · · · · · · · · · · · · · · ·	Control of English William	[ Change [ Addition
NAME	HOLLIS, MARY E		2.2 NAME			
STREET ADDRESS	605 E ROBINSON, SUITE 450		235TREE	ADDRESS		
CITY-ST-ZIP	ORLANDO FL		2.4 City - 9	1 - 7%		
TITLE	SM	[ ] DEFETE	3 1 TITLE			[ ] Change
NAME	ELLIOTT, WILLIAM C		3.2 NAME	Ì		
STREET ADORESS	605 E. ROBINSON #450		335TREE	ì		
CiTY-ST-ZIP	ORLANDO FL 32801	[   DELETE	34 Cilv-5	1.21		[   Connect
TITLE		[ } DECEASE	4 1 11116	1		[ ] Change [ ] Addition
STREET ADORESS			4 2 NAME 4 3 STREET	ACCOUNT 6.		
CITY-ST-ZIP			440015	j		
TITLE		[   DELFIE	511H,F	1.7.7		[   Change
NAME			5.2 NAME			
STREET ADDRESS			53StRef	ADDRESS:		
CITY-S1-ZIP			5.4.C/() Y+S	7.70		
TITLE		[   DELETE	61 THEF			[   Change   [   Addition
NAME			6.2 NAME			
STREET ADDRESS			63STHEFT	ADDRESS	15 Alliaka ac	00
CITY-ST-ZIP			€4 (01) - 51	-76	12 -1119199 79	1-N/_

14. hereby certify that the information supplied with this fling does not qualify for the exemption stated in Section 119 07(3)(i). Floride 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 697. Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

407-422-1118