

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # H60290 (4)
1. Corporation Name
HOLIDAY ENTERPRISES UNLIMITED, INC.

Principal Place of Business Mailing Address
5820 Missouri Ave. 5820 Missouri Ave.
New Port Richey, FL 34652 New Port Richey FL 34652

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/04/1985		3a. Date of Last Report 03/20/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2544631		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24	Country	29	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

DPS
JOHNSON, KEITH D.
5820 Missouri Ave.
New Port Richey, FL 34652

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 607.1508, 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 or director

#2018 Registered Agent Signature Required (see filing)

BA1

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	1. TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
	KEITH D. JOHNSON	5820 MISSOURI AVE.	NEW PORT RICHEY, FL 34652				
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	2. TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	3. TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	4. TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	5. TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	6. TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, or on an attachment with an address.

SIGNATURE: *Keith D. Johnson Pres*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96

1-800-749-8652

CR2E034 (12/95)