

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 30 AM 7:41

DOCUMENT # **H71098** (8)

1. Corporation Name  
**A. R. HOLLAND, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**% A. R. HOLLAND** **% A. R. HOLLAND**  
**1520 ORA DR.** **1520 ORA DR.**  
**PENSACOLA FL 32506** **PENSACOLA FL 32506**

3. Date Incorporated or Qualified **08/13/1985** 3a. Date of Last Report **05/13/1994**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
<b>21</b>	<b>2a</b> <b>A. R. Holland, Inc.</b>	<b>59-2562559</b>	<input type="checkbox"/>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
<b>22</b>	<b>27</b> <b>470 Van Pelt Lane</b>	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
City & State	City & State	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>23</b>	<b>28</b> <b>Pensacola, FL</b>		
Zip	Country		
<b>24</b>	<b>25</b>	<b>29</b> <b>32505</b>	<b>30</b>

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
<b>HOLLAND, A. R.</b> <b>1520 ORA DR.</b> <b>PENSACOLA FL 32506</b>		<b>81</b> Name		
		<b>82</b> Street Address (P.O. Box Number is Not Acceptable)		
		<b>83</b>		
		<b>84</b> City	<b>FL</b>	<b>85</b> 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 its registered office or registered agent, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PO</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOLLAND, A. R.</b>	1.2 NAME	
STREET ADDRESS	<b>1520 ORA DR.</b>	1.3 STREET ADDRESS	
CITY, ST, ZIP	<b>PENSACOLA FL</b>	1.4 CITY, ST, ZIP	
TITLE	<b>TSD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOLLAND, ROSE M.</b>	2.2 NAME	
STREET ADDRESS	<b>1520 ORA DR.</b>	2.3 STREET ADDRESS	
CITY, ST, ZIP	<b>PENSACOLA FL</b>	2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, 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 110.07(3)(g), 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 of this report, or on an attachment with an address.

SIGNATURE: *Artice R. Holland* **Artice Holland, President** **2/23/95** **444-9112**