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

**PROFIT CORPORATION** ANNUAL REPORT

1999

**DOCUMENT # H71098** 



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90021 037 \*\*\*150.00

<ol> <li>Corporation</li> </ol>	n Name	•					
A. R. HO	LLAND, INC.						
							1 2007 DE ANTE 1000 E 11914 DE 11914 E 11914 E 11914 E 11914 DE 11914 DE 11914 DE 11914 DE 11914 DE 11914 DE 1
Principal Place	e of Business	Ma	ailing Address				- 1 (2010); Bill 1999) (191) 98410 (819) Bill 919); Bill 1991 91911 91911
470 VAN PELT LN % A. R. HOLLAND							
PENSACOLA FL 32505 470 VAN PELT LANE							7.0 Mar WEITE W. T. W. D. D. A. C.
US PENSACOLA FL 32505							DO NOT WRITE IN THIS SPACE
l		US					3. Date incorporated or Qualifed 08/13/1985
Principal Place of Business     2a. Mailing Address						-	4. FEI Number Applied For
26						59-2562559 Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired  \$8.75 Additional
27			_				5. Certificate of Status Desired Fee Required
City & State			City & State				6. Election Campaign Financing \$5.00 May Be
23							Trust Fund Contribution Added to Fees
Zip	Country		Zip	Cou	ntry	,	8. This corporation owes the current year Intangible
24	25 29		30	0		Personal Property Tax.	
	9. Name and Address of Cur	rent Regis	tered Agent		_		10. Name and Address of New Registered Agent
LIQUIAND A D					81	Name	
HOLLAND, A. R.					82	Street Addre	ess (P.O. Box Number is Not Acceptable)
1520 ORA DR.				!			
PENSACOLA FL 32506					83		
					84	City	85 Zip Code
					FL (*)		
office or r	to the provisions of Sections 607.0 egistered agent, or both, in the Star familiar with, and accept the ob-	ate of Floric	la. Such change was	authorized	I DV	tne corporation	oration submits this statement for the purpose of changing its registered n's board of directors. I hereby accept the appointment as registered
SIGNATURE							when reinstating) DATE
42	Signature, typed or printed name of registered OFFICERS		<del></del>	13.	Ager	nt signature required	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12. TITLE	PD	AND DIKE	DELETE	1.1 TI			☐ Change ☐ Addition
	HOLLAND, A. R.		D Deterio	1.2 N/		ļ	
NAME	1520 ORA DR.					T ADDRESS	
STREET ADDRESS		25104004 4 51					
CTY-ST-ZIP	TSD		☐ DELETE	1.4 Cl 2.1 Tl		SI-ZIP	☐ Change ☐ Addition
TITLE	100			1			
NAME	1520 ORA DR.			2.2 N/		T ADDRESS	
STREET ADDRESS					ST-ZIP		
CITY-ST-ZIP	FEIGACODATE			3.1 TI		51-ZIP	☐ Change ☐ Addition
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STREET ADDRESS						ST-ZIP	
CITY-ST-ZIP			☐ DELETE	3.4. C		31-ZIP	☐ Change ☐ Addition
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STREET ADDRESS						ST-ZIP	
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STREET ADDRESS						ST-ZIP	
CITY-ST-ZIP			DELETE	6.1 TY			☐ Change ☐ Addition
TITLE			□ DELETE	6.2 N/			Cuo.40
NAME	I			0.210	40.0	I	

14. I 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 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

IU FARTICE R. Holland SIGNATURE:

STREET ADDRESS