


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

FILED
Jan 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # H91202 (2) 1. Corporation Name HOLLY LYNNE ENTERPRISES INC.					
Principal Place of Business C/O DEAN THOMPSON 444 ALMOND LANE BIG PINE KEY FL 33043 US			Mailing Address C/O DEAN THOMPSON 444 ALMOND LANE BIG PINE KEY FL 33043 US		
2. Principal Place of Business 21 714 TORTUGA AVE Suite, Apt. #, etc. 22 City & State 23 NONAME KEY, FL Zip 24 33043 Country 25 MONROE		2a. Mailing Address 26 P.O. Box 430061 Suite, Apt. #, etc. 27 City & State 28 BIG PINE KEY FL Zip 29 33043 Country 30 MONROE		3. Date Incorporated or Qualified 12/19/1985 4. FEI Number 59-2627082 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. Name and Address of Current Registered Agent THOMPSON, DENNIS L RT 1, BOX 559 ALMOND LANE BIG PINE KEY FL 33043			10. Name and Address of New Registered Agent 81 Name DEAN O. THOMPSON 82 Street Address (P.O. Box Number is Not Acceptable) 714 TORTUGA AVE 83 84 City BIG PINE KEY FL 85 Zip Code 33043		
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: <i>Dean O. Thompson</i> 1-13-98 (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS TITLE DP NAME THOMPSON, DEAN STREET ADDRESS 444 LAMOND LANE CITY-ST-ZIP BIG PINE KEY FL [] DELETE TITLE [] DELETE NAME STREET ADDRESS CITY-ST-ZIP [] DELETE TITLE [] DELETE NAME STREET ADDRESS CITY-ST-ZIP [] DELETE TITLE [] DELETE NAME STREET ADDRESS CITY-ST-ZIP [] DELETE TITLE [] DELETE NAME STREET ADDRESS CITY-ST-ZIP [] DELETE TITLE [] DELETE NAME STREET ADDRESS CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11 TITLE [] Change [] Addition 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE [] Change [] Addition 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 31 TITLE [] Change [] Addition 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 41 TITLE [] Change [] Addition 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 51 TITLE [] Change [] Addition 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 61 TITLE [] Change [] Addition 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP		



DO NOT WRITE IN THIS SPACE

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.

SIGNATURE: *Dean O. Thompson*

JAN. 8, 1998

CR2E034 (10/97)