

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 FEB -3 AM 9:40

DOCUMENT # J05194

(2)

1. Corporation Name

HOLDER CORP. OF WEST PALM BEACH

Principal Place of Business

3939 S. CONGRESS AVE. SUITE 101
LAKE WORTH FL 33461

Mailing Address

3939 S. CONGRESS AVE. SUITE 101
LAKE WORTH FL 33461

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/18/1986

3a. Date of Last Report

05/20/1994

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2699070

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

VENERKA, LILLIAN C.
1330 CHURCHILL RD.
W. PALM BEACH FL 33406

10. Name and Address of New Registered Agent

81 Name

VEVERKA, LILLIAN C.

82 Street Address (P.O. Box Number is Not Acceptable)

3939 S. CONGRESS AVENUE, SUITE 101

83

LAKE WORTH, FL

84 City

FL

85 Zip Code
33461

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 197.0505, Florida Statutes.

SIGNATURE

Lillian C. Veverka

Lillian C. Veverka

1-20-95

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PD
VEVERKA, LILLIAN C.
1330 CHURCHILL RD
W. PALM BEACH FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

V
OKERSON, MARTHA O.
1340 CHURCHILL RD
W. PALM BEACH FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

ST
SENGELAUB, PATRICIA
4946 LARB LN
W PALM BEACH FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

3636 WHITEHALL DRIVE, APT. 101
WEST PALM BEACH, FL 33401

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4946 LAUB LANE

☒ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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)(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:

Martha Okerson

Martha Okerson

1-20-95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature #