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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

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Apr 08 1997 8:00am

Secretary of State

904-789-6600

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Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

SIGNATURE:

J10868

(4)

BOB HOLLINGER, INC.

D)	A For Contract of the Contract	a a . Di — A . d . d . d . d . d . d . d . d . d .		· ·		
Principal Place of Business Mailing Address						anan aifil tidn Alfin aifin annn 1821
% ROBERT E. HOLLINGER, JR. 2175 W. FIRWOOD DRIVE DELTONA FL 32725		2175 W. FIRWOOD DRI	N ROBERT E. HOLLINGER, JR. 2175 W. FIRWOOD DRIVE DELTONA FL 32725-2681		;	
					3. Date Incorporated or Qualified	3a. Date of Last Report
W. C	p. 170.				04/22/1986	05/01/1996
2. Princ-pal Place of Business		2a. Mailing Address			4. FEI Number	Applied For
21			26		59-2677477	Not Applicable
Suite Apt #, etc.			Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State			City & State			
23		ê -	28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Ζφ	Cour	ntry	This corporation has liability for in	
24	25	29	30	•		Yes No
	9. Name and Address of Curr				10. Name and Address of New Re-	Istered Agent
HOI	LINGER, ROBERT E., JR.			81 Name		
	5 WEST FIRWOOD DRIVE		<u> </u>	82 Street Address (P.O. Box Number is Not Acceptable)		la)
	TONA FL 32725		ŀ	Gliebit Auditoss (F.O. Box Nutriber is Nut Acceptable)		
7-5			[B3		
			ŀ	B4 City		FL 85 Zip Code
44 Discussol	the provisions of Controls 607.6	NEDO and COT 1509 Florida Ctal	tuton the ob	Our perced core	poration submits this statement for the p	
office or re	egistered agent, or both, in the St	ate of Florida. Such change wa	is authorized	by the corporal	tion's board of directors. I hereby accep	the appointment as registered
agent. Far	m familiar with, and accept the ob	ligations of, Section 607.0505,	Florida Stati	ites.		
SIGNATURE	Shipartore, typical or painted name of migistered	anent and this if applicable (N	IOTE: Benistered	Anent signature regul	lred when reinstating)	DATE
12.		AND DIRECTORS	13.	- Gera Digitaloro to que	ADDITIONS/CHANGES TO OFFIC	
THUE	D	DELETE	1 1 TIT	LE I		Change Addition
NAME	HOLLINGER, ROBERT E., J	R	1 2 NA	ME		
STREET ADDRESS	2175 W. FIRWOOD DRIVE	•	1.3 STI	EET ADORESS	•	
C/14 - S1 - Z/P	DELTONA FL		1.4 017	Y-ST-ZIP		•
TILE		DELETE	2.1 TIT			Change Addition
NAME			2.2 NA	ME	b	
STREET ADDRESS			2.3 \$TI	IEET ADDRESS		No.
CHT-SI-ZP			2. 4 CI	TY-ST-ZIP		
1001		☐ DELETE	3.1 111	LE		Change Addition
NAME			3.2 NA	ME		
STREET ADDRESS			3.3 ST	REET ADDRESS		
COLY ST ZIP	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		3.4. CI	IY-ST-ZIP		
TITLE		☐ DELETE	4.1 T(T			Change Addition
NAME			4. 2 N/	ME		•
STREET ADDRESS				REET ADDRESS		
CHY-S1 7-P				Y-ST-ZIP		No.
TITLE		☐ DELETE	5 1 TiT	1		Change L Addition
NAME			5 2 NA	· I	•	
STREET ADDRESS		•	I	REET ADDRESS		
CITY - ST - ZIP		DELETE		Y-ST-ZIP		Chappen Addition
TIBLE		∟ Utttlt	6.1 111		·	Change Addition
NAME			6.2 NA		•	
STREET ADDRESS				HEET ADDRESS		
C(TY - S1 - ZIP	and the third they be to reach the second	slind with this files does! -	6.4 CII	Y-ST-ZIP	d in Pastion 110 07/21/3 Finalds Contra	I further marking that the
informatio	by certify that the information supp in indicated on this annual report (or supplemental aggred report i	is true and a	ccurate and that	o in action Traion(a)(i), Florida Statute: It my signature shall have the same lega	s. I farmer centry mat the feet as if made under oath; that
l am an ei appears ii	flicer or director of the corporation n Block 12 or Block 13 if changed	or the receiver of trustee emp l, or on an altac iment with an a	owered to e address.	xecute this repo	d in Section 119.07(3)(i), Florida Statute it my signature shall have the same lega ort as required by Chapter 607, Florida S	tatutes; and that my name