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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 J16570 **DOCUMENT #**

(0)

1. Corporation Name HOLLY TREES, INC. Principal Place of Business Mailing Address 8084 E. S.R. 44 S112 BAY STATE ROAD PALMETTO FL 34221					
US	FL 34785	PALMETTO FL 34221 US	i		
				3. Date Incorporated or Qualified 05/27/1986	3a. Date of Last Report 02/07/1995
2. Principal Pla 21	ace of Business	2a. Mailing Address		4. FEI Number 59-2695303	Applied For Not Applicable
Suite, Apt. 4	¥, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
Zi p	Country	28 Zip	Country	Trust Fund Contribution	Added to Fees
24	25	29	30	8. This corporation has liability for Florida Statutes Yes	Intangible tax under s. 199.032,
	g. Name and Address of Curren	nt Registered Agent	81 Name	10. Name and Address of New F	Registered Agent
	M, JOHN H.		82 Street Ad	dress (P.O. Box Number is Not Acceptate	n(a)
5112 BAY STATE ROAD PALMETTO FL 34221			83		
176116	1101201221		84 City		J
44 Durought	o the provisions of Castings (CV2 Of CO	10074500 51 11 6			FL 85 Zip Code
		: anu bur, tobo, ribrida Statui	ies. He above-hamed com	oration submits this statement for the nu	raase of chandina its realstered affice.
familiar wit	ed agent, or both, in the State of Floric h, and accept the obligations of, Section	oa. Silen change was authori ion 607.0505, Florida Statule:	zed by the corporation's bo s.	oration submits this statement for the pu pard of directors. I hereby accept the app	rpose of changing its registered office ointment as registered agent, I am
familiar wit		oa: Silon change was autrion; ion 607.0505, Florida Statute:		pard of directors. Thereby accept the app	ointment as registered agent, I am
familiar with SIGNATURE	of agent, or both, in the state of Floring, and accept the obligations of, Section (September 1997). Separature, based or printed name of registried agent OFFICERS AND	oa: Silon change was autrion; ion 607.0505, Florida Statute:	Zed by the comparation's bo S. Oth Registered Agent signature requi	pard of directors. I hereby accept the app	ointment as registered agent, I am
familiar wit SIGNATURE: _ 12. TITLE	Signature, byted or printed name of registrate systems OFFICERS AND POPPHAM, JOHN H.	oa: Sitch Change was authori ion 607.0505, Florida Statute: and title ir applicable gible D DIRECTORS	DIE Rugstend Agent signature requi	pard of directors. Thereby accept the app	oinIment as registered agent. I am DATE FICERS AND DIRECTORS IN 12
SIGNATURE: _ 12. TITLE NAME STREET ADDRESS	of agent, or both, in the state of Floring, and accept the obligations of, Section (September 1997). Separature, based or printed name of registried agent OFFICERS AND	oa: Sitch Change was authori ion 607.0505, Florida Statute: and title ir applicable gible D DIRECTORS	OTE Registered Agent signature requirements 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	pard of directors. Thereby accept the app	oinIment as registered agent, I am DATE FICERS AND DIRECTORS IN 12
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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 logal 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 Stalutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Robert E Evans, CPA 4/30/96 787-1468