## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

	1996	CONTRACTOR OF THE PARTY OF THE	DIVISION OF	CORPORA	ATIONS			
1. Corporat	tion Name	1814	(0)					
HOL	LAND GARAGE, INC.							
Principal Pla	ace of Business	Mail	ng Address				ini akar anghi atak dibik a	(Dis Bidi) dibi) 160
101 ST A	HOLLAND INDREWS ST IA FL 32446	2	JAMIE HOLLAND 900 BORDEN ST JARIANNA FL 32446					
			S			<ol> <li>Date Incorporated or Qualified 09/22/1986</li> </ol>	3a. Date of Last 04/20/1	•
1	Place of Business	<b>├</b>	Aailing Address			4. FEI Number		Applied For
1	t to oto	26	V.4. A.E. V			59-2741874		Not Applicable
Suite, Ap		27	Suite, Apt. #, etc.	· · · ·	<u></u>	5. Certificate of Status Desired	1 1	5 Additional Required
City & St		28	Dity & State	.,		6. Election Campaign Financing Trust Fund Contribution		00 May Be led to Fees
Zp.	Country	Harring and the second	úρ	Cour	ntry	8. This corporation has liability for		s 199.032,
4	9. Name and Address of	29 Current Registe	red Agent	[30]		Florida Statutes Yes  10. Name and Address of New F	No Registered Agent	
	g, site riodises of		rigoni		81 Name	In light and workes of Mem s	Johnsteien Wäsug	
HOLL	AND, JAMIE					I DO Doubling to 12-41-44	1-1	
	ST ANDREWS ST				82 Street Add	dress (P.O. Box Number is Not Acceptate	oie)	
	ANNA FL 32446				83			·•
					84 City		les l	Zip Code
	···	-v.F.			' '		FL I	•
or regisi	tered agent, or both, in the State with, and accept the obligations is	of Florida, Such d	hange was authorize	ed by the c	orporation's boa	oration submits this statement for the purard of directors. I hereby accept the app	ointment as registere	od agent. I am
12.	Skyrature, typed or printed name of registr	ered agent and title if and RS AND DIRECTO		TE Registered	Agent signature requir	·	DATE	2000 141 40
	⊤ PD	THE PARTY OF IEOT	DELETE	1, 1 ()	rle T	ADDITIONS/CHANGES TO OFF	CERS AND DIRECT	
AM's	HOLLAND, STEVE			1.2 NA			المادة ك	
TRALI ADDRESS	101 ST ANDREWS ST	-		1.3 \$19	REET ADDRESS			
ITY - ST - ZIP	MARIANNA FL				[			
TL F	VD			1.4 CIT	Y-ST-ZIP			
AM)	I HOLLAND IAME		DELETE	1.4 CIT 2. 1 TII			☐ Change	Addition
DUCK LABOURGE	HOLLAND, JAMIE	_	☐ DELETE		TLE		☐ Change	☐ Addition
	101 ST ANDREWS ST		DELETE	2. 1 TH 2.2 NAI	TLE		☐ Change	Addition
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certify that the information indicates on this armula 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: Steven O. Bella Stever O. Helland 2-15-96 904-491-2796
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Desydne Proce