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Mar 11 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 # J44757 (9)  
1. Corporation Name  
T.C. HOLT, INCORPORATED

Principal Place of Business Mailing Address  
1426 MCMULLEN BOOTH RD  
CLEARWATER FL 34619  
US 1426 MCMULLEN BOOTH RD  
CLEARWATER FL 34619  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.		
22 2804 36th Street	27 2804 36th Street		
23 Tampa, FL	28 Tampa, FL		
24 33605	25 Hillsborough	29 33605	30 Hillsborough
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

HOLT, TIMOTHY C.  
1426 MCMULLEN BOOTH RD  
CLEARWATER FL 33520

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

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

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	Sec.
NAME	HOLT, TONYIA A	1.2 NAME	Holt, Tonyia A.
STREET ADDRESS	1426 MCMULLEN BOOTH RD	1.3 STREET ADDRESS	2804 36th Street
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	Tampa, FL 33605
TITLE	P	2.1 TITLE	P
NAME	HOLT, TIMOTHY	2.2 NAME	Holt, Timothy
STREET ADDRESS	1426 MCMULLEN BOOTH RD	2.3 STREET ADDRESS	2804 36th Street
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	Tampa, FL 33605
TITLE		3.1 TITLE	Tres.
NAME		3.2 NAME	Frederick, David C,
STREET ADDRESS		3.3 STREET ADDRESS	2804 36th Street
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Tampa, FL 33605
TITLE		4.1 TITLE	VP
NAME		4.2 NAME	Loubet, Bruce J., Jr.
STREET ADDRESS		4.3 STREET ADDRESS	2804 36th Street
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Tampa, FL 33605
TITLE		5.1 TITLE	600002454788
NAME		5.2 NAME	-03/12/98--01014--004
STREET ADDRESS		5.3 STREET ADDRESS	***150.00
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:

*Timothy C. Holt* C. Holt

3/5/98

CR2E034 (10/97)