

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J49935** (6)
1. Corporation Name
HOLLEY-KING LAKES RESORT, INC.

Principal Place of Business 580 HOLLEY KING ROAD DEFUNIAK SPRINGS FL 32433 US	Mailing Address 580 HOLLEY KING ROAD DEFUNIAK SPRINGS FL 32433 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/02/1987	3a. Date of Last Report 04/04/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2841922		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MCKEON, WILLIAM A. 20280 HIGHWAY 27 NORTH CLERMONT FL 34711				10. Name and Address of New Registered Agent	
81 Name				Mark D. Davis	
82 Street Address (P.O. Box Number is Not Acceptable)				694 Baldwin Ave, Ste 3	
83					
84 City				Defuniak Spgs, FL	
				85 Zip Code 32423	

11. Pursuant to the provisions of Sections 607.0505 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]* DATE: **4/22/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEITH, BARBARA SHARON	1.2 NAME	
STREET ADDRESS	P.O. BOX 684	1.3 STREET ADDRESS	
CITY-ST-ZIP	FOREST VA	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEITH, CHARLES, P	2.2 NAME	KEITH, CHARLES P.
STREET ADDRESS	P.O. BOX 684	2.3 STREET ADDRESS	9516 TIMBERLAKE ROAD
CITY-ST-ZIP	FOREST VA	2.4 CITY-ST-ZIP	Lynchburg, VA 24502
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 registered 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 I am not on an attachment with an address.

SIGNATURE: *[Signature]* **CHARLES P. KEITH, Pres.** Date: **2 April 97** Daytime Phone #: **804.525.2233**

CR2E034 (9/96)