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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **J68795**

1. Corporation Name

HOLT CONTRACTORS, INC.

Principal Place of Business Mailing Address					. (1011) 8 2114 11101 (111) 11101 (111) 11101		47, 5,5,, ,55,
* GERALD P. HOLT		% GERALD P. HOLT					
3282 SOUTHWEST FIRST MANOR		8282 SOUTHWEST FIRST MANOR					
CORAL SPRINGS FL 33071		CORAL SPRINGS FL 33071		DO NOT WRITE IN THIS SPACE			
					<ol> <li>Date Incorporated or Qualifed</li> <li>04/22/1987</li> </ol>		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Apr	plied For
<u>.</u>		26			65-0022674	Not	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A		
22		27		5. Certificate of Status Desired	Fee Re	quired	
City & State .		City & State		6. Election Campaign Financing	\$5.00	May Be	
13		28			Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip C	ountry		8. This corporation owes the current year I		
14	25	29 30			Personal Property Tax.		□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registere	d Agent	
	CONTRACTOR OF CO		81	Name			
HOLT, GERALD P.			82	Street A	Address (P.O. Box Number is Not Acceptable)		
	SOUTHWEST FIRST MANOR						
COR	AL SPRINGS FL 33071		83				
			84	City		. 85 Zip C	Code
			1	-	corporation submits this statement for the purpose	<b>L</b>     `	
agent. I a	m familiar with, and accept the obligat	t and title if applicable. (NOTE: Registe	red Ager	•	ration's board of directors. I hereby accept the appropriate when reinstating)  DATE		
12.	OFFICERS ANI				ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTO	RS IN 12
TITLE	DPT		TITLE			Change	[_] Addition
NAME	HOLT, GERALD P.	1.3	NAME				
STREET ADDRESS	8282 S.W. FIRST MANOR			FADDRESS			
CITY-ST-ZIP			CITY-5	T-ZIP			
TITLE			TITLE			Change	Addition
NAME	HOLT, ROLAND G.	2.3	NAME				ĺ
STREET ADDRESS	8282 S.W. FIRST MANOR	2.3	STREE	T ADDRESS			
CITY-ST-ZIP			4 CITY-S	ST-ZIP			
TITLE	☐ DELETE 3.1 T		ITILE			Change	☐ Addition
NAME		3.3	NAME				
STREET ADDRESS	·	: 3:	STREE	TADDRESS			
CITY-ST-ZiP		3.0	LCITY-S	T-ZIP			
TITLE	DELETE 4.1 π		TITLE			Change	☐ Addition
NAME		4.	2 NAME				
STREET ADDRESS		4.3	STREE	TADORESS	•		
CITY-ST-ZIP		4.	CITY-S	T-ZIP		<u> </u>	
TITLE		☐ DELETE 5.	TITLE			Change	☐ Addition
NAME		5.5	NAME				}
STREET ADDRESS		5.	STREE	TADORESS			{
CITY-ST-ZIP		5/	CITY-S	T-ZIP			
TITLE		☐ DELETE 6.	TITLE			Change	☐ Addition
NAME	·	63	NAME				í

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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY+ST+ZIP

**SIGNATURE:** 

STREET ADDRESS

CITY-ST-ZIP

954-755-7200