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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J74577 (4)

1. Corporation Name

HOLLEMAN INSURANCE AGENCY, INC.



Principal Place of Business

232 BAY ST
~~P.O. BOX 4007, 00 DAYTONA, FLA. 32001~~
DAYTONA BCH FL 32114
US

DELETE

Mailing Address

P.O. BOX 271
DAYTONA BCH FL 32115
US

2. Principal Place of Business

2a. Mailing Address

21 232 BAY ST

26 P.O. BOX 59

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 DAYTONA BCH, FL

28 FRANKLIN, N.C.

24 Zip

Country

29 Zip

Country

32114

USA

28744

USA

g. Name and Address of Current Registered Agent

NELSON, M. DEAN
232 3RD AVE.
DAYTONA BEACH FL 32014

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 removing)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PD
HOLLEMAN, THOMAS SR.
563 FORIS PLACE
S. DAYTONA FL

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

ST
HOLLEMAN, THOMAS SR.
563 DORIS PLACE
S. DAYTONA FL

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

232 BAY ST
DAYTONA BEACH FL 32114

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

232 BAY ST
DAYTONA BEACH FL 32114

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas J. Holleman Sr.

3/18/96

DATE

Daytime Phone #

CR2E034 (12/95)