## 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 DIVISION OF CORPORATIONS							
DOCU 1. Corporatio	MENT # <b>K1174</b>	8 (6)					
HOLLC	DWAY INVESTMENTS, INC.						
Principal Place of Business		Mailing Address					
% JAMES C.	HOLLOWAY	% JAMES C. HOLLOWAY					
118 BESSEM BRANDON FI	ier circle	118 BESSEMER CIRCLE					
DUNINOUS	L 33511	BRANDON FL 33511			3. Date Incorporated or Qualified	3a. Date of Las	st Report
2. Princinal P	lace of Business	2a. Mailing Address			01/06/1988 4. FEI Number	04/27/	
21	ISOS DI ENGINESS	26		59-2862544	-	Applied For Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	∽ \$8.	.75 Additional	
22	_	27					ee Required
City & State	e	Oty & State		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be	
Zip			Zip Country		8. This corporation has liability for		dded to Fees
24	25		30		Florida Statutes 🔀 Yes 🗌 No		
	9. Name and Address of Curre	nt Registered Agent	81	Name	10. Name and Address of New R	tegistered Agent	
HOLLOV	VAY, JAMES C.		L				
	SSEMER CIRCLE		82 Street		dress (P.O. Box Number is Not Acceptab	ole)	
	ON FL 33511		83				
			84	City		[85]	Zip Code
44 Durellant	As Att - producing of Postings (202.050	5 1 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		,	Parta Mandanan ara amin'ny fivondronan'ny taona amin'ny taona amin'ny taona amin'ny taona amin'ny taona amin'n	F-1	
Or register	red agent, or both, in the State of Flor	Z and 607, 1508, Honoa Staitties ida. Such change was authorized	, the above- I by the corp	named corpo oration's bo	oration submits this statement for the pur ard of directors. I horeby accept the appo	rpose of changing i ointrnent as registe	its registered office ered agent. I am
SIGNATURE	in, and accept the congations or, sec	tion 607.0505, Fiorida Statutes.					Ť
	Signature, typed or printed has it of registered age.		Registered Age	r I signature requi	red when remstating)	EIATE	
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	,	
NAME	HOLLOWAY, JAMES C.	£_] \$[11]	1.1 TiTLE 1.2 NAME			Chan	ige 🔲 Addition
STREET ADDRESS	118 BESSEMER CIRCLE			I ADDRESS			
CITY-ST-ZIP	BRANDON FL		1.4 CiTy - 5				
TITLE			2 17171.F		Change Addi		ge 🔲 Addition
NAME Name : Indoored	HOLLOWAY, PATRICIA L.		2.2 NAME				
STREET ADDRESS CITY-ST-ZIP	DDANDON C		2.3 STREE				
TITLE	SD	[] DELETE	2.4 CHY-ST-ZIP 3.1 THUE			[ ] Chan	ge 🔲 Addition
NAME	HOLLOWAY, GEORGIA B.	-	3.2 NAME			E.J. ******	10 Ell (1001/101)
STREET ADDRESS	118 BESSEMER CIRCLE		33 STREE	1 ADDRESS			
CITY-ST-ZIP	BRANDON FL	Foll Delete	3 4 CITY-5	ST-ZIP	10 to		
TITLE NAME		[] DELETE	4. 1 TITLE 4.2 NAME			Chang	ge 🔲 Addition
STREET ADDRESS			4.2 NAME 4.3 STREET	Annargs			
City-St-ZiP			4.4 CITY - S	-			
TITLE		[]] DELETE	5 1 TILLE			[] Chang	ge 🔲 Addition
NAME			5.2 NAME				
STREET ADDRESS			5 3 STREE1				
CITY-ST-ZIP TITLE		DELETE	5 4 CITY - S 6 1 TILLE	1- ZIP		[] Chan	oo Maddiioo
NAME		t-1 sees	62 NAME			Chang	ge 🔲 Addition
STREET ADDRESS			63 STREET	ADDRESS			
			_				

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 trusted 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.

GNATURE:

O4-29-96

(813)681-1232

Light Daytine Phone #

SIGNATURE: