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

**PROFIT CORPORATION ANNUAL REPORT** 

1998

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FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K17407

(3)

THE HOLDER GROUP, INC.

**FILED** Apr 20 1998 8:00am Secretary of State



· · · · · · · · · · · · · · · · · · ·	50 <b>01 0</b> 0001100		Michinia	C/O HAROLD K. HOLDER. SR. 401 E. JACKSON STREET. SUITE 2400 TAMPA FL 33602					
C/O HAROLD									
401 E. JACKS TAMPA FL 33		SUITE						DO NOT WRITE IN THIS SPACE	
IAMEN IL 30	NU2		IMMEA					3. Date Incorporated or Qualified	
									03/02/1988
2. Principal P	Place of Busin	ness	2a. Mai	2a. Mailing Address				4. FEI Number Applied For	
21			26	26				59-2885028 Not Applicable	
Suite, Apt.	#, etc.		Suit	Suite, Apt. #, etc.				¢0.75 Audition = 1	
22			27	27				5. Certificate of Status Desired Fee Required	
City & Stat	10		City	City & State				Election Campaign Financing \$5.00 May Be	
23				28	28				Trust Fund Contribution Added to Fees
Zip		Co	untry	Z <sub>(</sub> p	Zip Countr			,	8. This corporation owes or has paid the current year Intangible
24		25		29					Personal Property Tax due June 30. Yes No
	e. Name	t Registered				,	10. Name and Address of New Registered Agent		
HOLDER, HAROLD K SR. 8								Name	
4 500	NORTH W	/ESTSI		82			Street /	Address (P.O. Box Number is Not Acceptable)	
· SUI	ITE 610								
	MPA FL 336	309		Ī					
•	. =					-	84	City	Ar   7:- 0-4-
							04	City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above named corporation submitte this statement for the pursuance 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	Signature, typed	or printed	name of registered agei	nt and lete if appli	icable (NOT	f Ragistered	Ago	ont's griature	required when reinstaling) DATE
12.			OFFICERS AND	DIRECTOR	S	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D				□ DELFTE	1.1 T/TI	LE		Change Addition
NAME	HOLDER	JR., H	iarold d.			1.2 NAM	ME		
STREET ADDRESS	401 E. J	<b>ACKS</b> (	N STREET, SU	ITE 2400	2400 1.3 \$1		REE 1	ADDRESS	
CITY-ST-ZIP	TAMPA I	FL 336	02-5229			1.4 CIT	Y - S	T-ZIP	
TITLE	MDT				DELETE	2.1 TITL	Ē		☐ Change ☐ Addition
NAME	HOLDER	SR., H	iarold D.			2.2 NAM	ΜE		
STREET ADDRESS			IN STREET, SU	ITE 2400	2400 23 ST		EF1	ADDRESS	
CITY-ST-ZIP	TAMPA F				2 4 C			ST-ZIP	
TITLE	D		DELETE	31 TITLE			Change Addition		
NAME	HOLDER	. ANN/	L M		3.2 NAME				
STREET ADDRESS	401 E. J.		3.3 STREET ADDRESS		ADDRESS				
CITY-ST-ZIP	TAMPA FL 33602-5229					3.4 CITY-ST-ZIP			
TITLE					DELETE	4.1 TITL			☐ Change ☐ Addition
NAME						4. 2 NAI	ME	- 1	
STREET ADDRESS								ADDRESS	
CITY-ST-ZIP						4.4 CITY			
TITLE					DELETE	5.1 TITL			Change Addition
NAME						5.2 NAM		- 1	900024947ddshange
STREET ADDRESS								ADDRESS	***750.80
CITY-ST-ZIP						5.4 CITY			कर्का । ्राप्ताः सुप्ता
TITLE	<del></del>				DELETE	6.1 TrTL		1 - 211	Change Addition
NAME						6.2 NAM			
STREET ADDRESS								ADDRESS	26 - 0
CITY-ST-ZIP						6.4 CITY			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
14. I hereby c	ertify that the	inform	ation supplied wit	h this filma a	loes not qualify fo	or the even	nnt	ion states	d in Section 119.07(3)(i), Florida Statutes. I further certify that the information
Indicated (	on this annua	al renor	. Of Supplemental	rinnual repo	rt is true and acc	urate and	tha	it my siar	nature shall have the same legal effect as if made under eath: that I am an
Block 12 o	or Block 13 if	change	ed, or on an attac	hment with a	) address.	oxecule (/۱۱) مد	is fi	eport as i	required by Chapter 607, Florida Statutes; and that my name appears in
		•	// /						