

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

FILED  
Apr 23, 1999 8:00 am  
Secretary of State

04-23-1999 90259 045 \*\*\*150.00

DOCUMENT # K17407

1. Corporation Name

THE HOLDER GROUP, INC.

Principal Place of Business

C/O HAROLD K. HOLDER, SR.  
401 E. JACKSON STREET, SUITE 2400  
TAMPA FL 33602

Mailing Address

C/O HAROLD K. HOLDER, SR.  
401 E. JACKSON STREET, SUITE 2400  
TAMPA FL 33602

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/02/1988

4. FEI Number

59-2885028

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 201 North Franklin Street

Suite, Apt. #, etc.  
22 Suite #2700

City & State  
23 Tampa, FL

Zip Country  
24 33602 25

2a. Mailing Address

26 201 North Franklin Street

Suite, Apt. #, etc.  
27 Suite #2700

City & State  
28 Tampa, FL

Zip Country  
29 33602 30

9. Name and Address of Current Registered Agent

HOLDER, HAROLD K SR.  
500 NORTH WESTSHORE BLVD  
SUITE 610  
TAMPA FL 33609

10. Name and Address of New Registered Agent

81 Name  
Holder, Harold D., Sr.

82 Street Address (P.O. Box Number is Not Acceptable)  
201 North Franklin Street

83 Suite #2700

84 City  
Tampa

FL 85 Zip Code  
33602

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE  
NAME HOLDER JR., HAROLD D.  
STREET ADDRESS 401 E. JACKSON STREET, SUITE 2400  
CITY-ST-ZIP TAMPA FL 33602-5229

TITLE MDT ☐ DELETE  
NAME HOLDER SR., HAROLD D.  
STREET ADDRESS 401 E. JACKSON STREET, SUITE 2400  
CITY-ST-ZIP TAMPA FL 33602-5229

TITLE D ☐ DELETE  
NAME HOLDER, ANNA M  
STREET ADDRESS 401 E. JACKSON STREET, SUITE 2400  
CITY-ST-ZIP TAMPA FL 33602-5229

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 201 North Franklin Street Suite #2700  
2.4 CITY-ST-ZIP Tampa, FL 33602

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS 201 North Franklin Street Suite #2700  
3.4 CITY-ST-ZIP Tampa, FL 33602

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

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

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

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0384227