

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 17 AM 10:05

DOCUMENT # K22454

(8)

1. Corporation Name

2845 CORAL WAY, INC.

Principal Place of Business

% GEORGE HOLLINGSWORTH
499 STATE ROAD 434, SUITE 2179
ALTAMONTE SPRINGS FL 32714-2185

Mailing Address

% GEORGE HOLLINGSWORTH
499 STATE ROAD 434, SUITE 2179
ALTAMONTE SPRINGS FL 32714-2185

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/28/1988

3a. Date of Last Report

06/01/1994

4. FEI Number

59-2890464

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 499 State Road 434

2a. Mailing Address

26 499 State Road 434

Suite, Apt. #, etc.

22 Suite 2179

Suite, Apt. #, etc.

27 Suite 2179

City & State

23 Altamonte Springs, FL

City & State

28 Altamonte Springs, FL

Zip

24 32174

Country

25 USA

Zip

29 32714

Country

30 USA

9. Name and Address of Current Registered Agent

HOLLINGSWORTH, GEORGE
499 STATE ROAD 434
SUITE 2179
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

81 Name

George R. Hollingsworth, II

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

499 State Road 434

83

Suite 2179

84 City

Altamonte Springs,

FL

85 Zip Code

32714

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

George R. Hollingsworth, II, Secretary 3/1/95

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME MOORE, B. J.
STREET ADDRESS 499 STATE ROAD 434, #2179
CITY-ST-ZIP ALTAMONTE SPRINGS FL

TITLE DST
NAME HOLLINGSWORTH, GEORGE R.
STREET ADDRESS 499 STATE RD 434, #2179
CITY-ST-ZIP ALTAMONTE SPRINGS FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Change ☐ Addition

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

DST
George R. Hollingsworth, II
499 State Road 434, Ste. 2179
Altamonte Springs, FL 32174

☒ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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)(4), 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 an individual or firm authorized 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 a notification with no change.

SIGNATURE:

GEORGE R. HOLLINGSWORTH, II 3/1/95 407-862-9560

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR DST

Title

Signature Number