

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  
Mar 02, 1999 8:00 am  
Secretary of State

03-02-1999 90102 005 \*\*\*150.00

DOCUMENT # K47925

1. Corporation Name

MIKE HOLT ENTERPRISES, INC.

Principal Place of Business

7310 W. MCNAB ROAD, #201  
7310 W MCNAB ROAD #201  
TAMARAC FL 33321

Mailing Address

7310 W. MCNAB ROAD, #201  
7310 W MCNAB ROAD #201  
TAMARAC FL 33321

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/22/1988

4. FEI Number

65-0085614

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOLT, MIKE  
7310 W MCNAB ROAD #201  
TAMARAC FL 33321

81 Name

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

6901 Maryland Ave

84 City

Graveland

FL

85 Zip Code

34736

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 DP ☐ DELETE

NAME HOLT, MIKE  
STREET ADDRESS 7310 W. MCNAB ROAD, #201  
CITY-ST-ZIP TAMARAC FL

TITLE ST ☐ DELETE

NAME HOLT, MIKE  
STREET ADDRESS 7310 MCNAB RD, #201  
CITY-ST-ZIP TAMARAC FL

TITLE Linda Holt ☐ DELETE

NAME Linda Holt  
STREET ADDRESS 6901 Maryland Ave  
CITY-ST-ZIP Graveland, FL 34736

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 6901 Maryland Ave ☒ Change ☐ Addition

1.2 NAME Graveland, FL 34736

1.3 STREET ADDRESS 6901 Maryland Ave ☒ Change ☐ Addition

1.4 CITY-ST-ZIP Graveland FL 34736

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME Secretary

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 #

1/17/99 352-429-5577

CR2E034 (11/98)