

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 01, 1999 8:00 am
Secretary of State

03-01-1999 90186 046 ***150.00

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DOCUMENT # K68873

1. Corporation Name
HOLLYWORLD AD AGENCY, INC.

Principal Place of Business
% STEVEN W. LUCAS
214 TIMBERCOVE CIRCLE
LONGWOOD FL 32779

Mailing Address
% STEVEN W. LUCAS
214 TIMBERCOVE CIRCLE
LONGWOOD FL 32779

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/24/1989

4. FEI Number

NOT APPLICABLE 592937194

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

21 353 N. TEMPLE AVE.

Suite, Apt. #, etc.

22 SUITE A

City & State

23 STARKE FL

Zip

24 32091

Country

25 GRAFTON

2a. Mailing Address

26 830 NW 13 STREET

Suite, Apt. #, etc.

27

City & State

28 GAINESVILLE FL

Zip

29 32601

Country

30 ALACHUA

9. Name and Address of Current Registered Agent

LUCAS, STEVEN W.
214 TIMBERCOVE CIRCLE
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

81 Name

VICTOR HAZY, JR.

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

830 NW 13th STREET

83

84 City

GAINESVILLE

FL

85 Zip Code

32601

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 VICTOR HAZY, JR.

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

(NOTE: Registered Agent signature required when reappointing)

DATE

2-5-99

12. OFFICERS AND DIRECTORS

TITLE PDS ☒ DELETE
NAME LUCAS, STEVEN W.
STREET ADDRESS 214 TIMBERCOVE CIRCLE
CITY-ST-ZIP LONGWOOD FL

TITLE P S T ☐ DELETE
NAME HAZY, VICTOR
STREET ADDRESS 830 NW 13th STREET
CITY-ST-ZIP GAINESVILLE FL 32601

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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

2-5-99 352-377-7283

Date

Daytime Phone #

CR2E034 (11/98)