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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K70517 (3)

1. Corporation Name

HOLLIDAY & ASSOCIATES INSURANCE, INC.



Principal Place of Business

**1802 N CRYSTAL LAKE DRIVE
P.O. BOX 2147
LAKELAND FL 33801-5903**

Mailing Address

**1802 N CRYSTAL LAKE DRIVE
P.O. BOX 2147
LAKELAND FL 33801-5903**

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MURRAY, JAMES D.
2600 INDUSTRIAL PARK DRIVE
LAKELAND FL 33801**

81 Name

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

83

84 City

FL

85 Zip Code

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 the agent's address

(If not, Registered Agent signature required when it includes)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ☐ DELETE
NAME **RAYMOND, HOLLIDAY G**
STREET ADDRESS **5417 9TH ST**
CITY-ST-ZIP **HIOGHALND CITY FL**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP **HIGHLAND CITY FL 33846**

TITLE **VP** ☐ DELETE
NAME **HOLLIDAY, CAROLE ANNE**
STREET ADDRESS **5417 9TH ST**
CITY-ST-ZIP **HIGHLAND CITY FL**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP **HIGHLAND CITY FL 33846**

TITLE **D** ☒ DELETE
NAME **HOLLIDY, RAYMOND G**
STREET ADDRESS **7410 UNION GROVE RD**
CITY-ST-ZIP **LITHONIA GA**

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

TITLE **D** ☐ DELETE
NAME **MURRAY, JAMES D**
STREET ADDRESS **2600 INDUSTRIAL PK DR**
CITY-ST-ZIP **LAKELAND FL**

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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)(k), 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.

SIGNATURE: *Carole A. Holliday*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carole A Holliday 3-29-96 688-3939
Date Telephone #

CR2E034 (12/95)