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PROFIT . **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 26, 1999 8:00am

**Secretary of State** 

01-26-1999 90024 002 \*\*\*150.00

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # L42907

HOLLIDAY LEASING ASSOCIATES, INC.

| Principal Pla   | ice of Business   | Mailing Address  |   |   |  | 811 <b>81811</b> 81811 91911    | esem esem seái                         |
|---|---|--|---|---|--|---------------------------------|--|
| 3441 IMPERIAL LANE  |   | 3441 IMPERIAL LANE   |   |   |  |                                 |  |
| LAKELAND FL   | _ 33813   | LAKELAND FL 33813  | •   |   |  | •                               | •                                      |
|   |   |  |   |   | DO NOT WRITE IN THE  | HIS SPACE                       |  |
| ł   |   | ,  |   |   | 3. Date Incorporated or Qualifed   |                                 | T                                      |
|   | •   |  |   |   | 01/09/1990   | •                               |  |
| 2. Principal (  | Place of Business   | 2a. Mailing Address  |   | *****   | 4. FEI Number  | I Ar                            | pplied For                             |
| 21  |   | 26   |   |   | 59-2988009   | <del></del>                     | ot Applicable                          |
| Suite, Apt  | t. #, etc.  | Suite, Apt. #, etc.  |   |   | 00 200000  |                                 | Additional                             |
| 22  |   | 97   |   |   | 5. Certifcate of Status Desired  | ,                               | equired                                |
| City & Sta  | ate   | City & State   |   |   |  |                                 |  |
| [23]  |   | 28   |   | 6. Election Campaign Financing Trust Fund Contribution Trust Fund Contribution  \$5.00 May Be Added to Fees |  |                                 |  |
| Žip   | Country   | Zip  | Country   |   | Trust Fund Contribution  |                                 | to Fees                                |
| 24  |   | <u>⊢</u> .   |   |   | 8. This corporation owes the current year  |                                 | Aur.                                   |
| 24  | 25  | 29 A Basista and Assert  | [30]  |   | Personal Property Tax.   | ☐ Yes                           | No                                     |
|   | 9. Name and Address of Curren   | t Registered Agent   | 81  | 1   | 10. Name and Address of New Register   | ed Agent                        |  |
| HOI   | LUDAY, CLYDE J III  |  | .   01  | Name  |  |                                 |  |
| HOLOM   | 1 IMPERIAL LANE   | in the second  | 82  | Street Addre  | ess (P.O. Box Number is Not Acceptable)  |                                 |  |
|   |   |  |   |   | A TENERAL AND LIGHT AND ATTACHED LEADING FREE  | ina mara mainta da sensia da se | SELAT KINI I SAFE                      |
| LAN   | (ELAND FL 33813   |  | 83  |   |  |                                 | 06000000                               |
|   |   |  |   |   | · (金) 新 ( ) [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [  | 1. \$120 PIEN E1511 3           |  |
|   |   |  | 84  | City  |  | 85 Zip (                        | Code                                   |
| 11 Pursuant   | t to the provisions of Sections 607 0502  | 2 and 607 1508. Florida Statute  | es the abov   | e-named corno   | oration submits this statement for the surpose   | of changing its                 | rocistored                             |
| oπice or  | registered agent, or both, in the State of  | of Florida. Such change was at   | uthorized by  | the corporation   | on's board of directors. I hereby accept the app   | pointment as re                 | gistered                               |
| i agent. I a  | am familiar with, and accept the obligat  | lione of Soction 607 0605. Elai  |   |   |  |                                 |  |
|   |   | 110113 01, Declion 007.0503, Floi                                      | nua Sialules  | 5.  | and the second s |                                 |  |
| SIGNATURE   |   |  |   |   |  | •                               |  |
| SIGNATURE   | Signature, typed or printed name of registered agent  | t and title if applicable. (NOTE:                                      | : Registered Age  |   | I when reinstating): \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \   | ,                               |  |
| SIGNATURE   | Signature, typed or printed name of registered agent  | it and title if applicable. (NOTE:                                     | : Registered Age  |   | ADDITIONS/CHANGES TO OFFICERS  |                                 |  |
| SIGNATURE 12. TITLE   | Signature, typed or printed name of registered agent OFFICERS ANI PTS   | t and title if applicable. (NOTE:                                      | : Registered Age  |   |  | AND DIRECTO                     | DRS IN 12                              |
| SIGNATURE   | Signature, typed or printed name of registered agent OFFICERS ANI PTS HOLLIDAY, CLYDE J III   | it and title if applicable. (NOTE:                                     | : Registered Age  |   | ADDITIONS/CHANGES TO OFFICERS  |                                 |  |
| SIGNATURE 12. TITLE   | Signature, typed or printed name of registered agent OFFICERS ANI PTS HOLLIDAY, CLYDE J III   | it and title if applicable. (NOTE:                                     | 13. 1.1 TITLE 1.2 NAME  |   | ADDITIONS/CHANGES TO OFFICERS  |                                 |  |
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| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS   | OFFICERS AND PTS HOLLIDAY, CLYDE J III 3441 IMPERIAL LANE   | it and title if applicable. (NOTE:                                     | 13. 1.1 TITLE 1.2 NAME  | nt signature required   | ADDITIONS/CHANGES TO OFFICERS  |                                 |  |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  | Signature, typed or printed name of registered agent OFFICERS ANI PTS HOLLIDAY, CLYDE J III 3441 IMPERIAL LANE LAKELAND FL 33813  | t and title if applicable. (NOTE: D DIRECTORS                          | 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE   | nt signature required   | ADDITIONS/CHANGES TO OFFICERS  | ☐ Change                        | Addition                               |
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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

6.4 CITY-ST-ZIP