

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L48493 (5)

1. Corporation Name

KEVIN M. HOLTHAUS, INC.



Principal Place of Business

Mailing Address

**1500 ROBERTS DRIVE
2600 INDEPENDENT SQUARE
JACKSONVILLE FL 32250
US**

**1 INDEPENDENT DRIVE
SUITE 2600
JACKSONVILLE FL 32202
US**

3. Date Incorporated or Qualified 02/07/1990	3a. Date of Last Report 07/21/1995
4. FEI Number 59-2990673	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 eligible tax under s. 199.032 Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business

2a. Mailing Address

21 **520 Highway A1A North**
Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 **Suite 103**

27 City & State

23 **Ponte Vedra Beach, FL**

28 City & State

24 **32082** 25 **US**

29 **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROBISON, MARY A.
1 INDEPENDENT DR
STE 2600
JACKSONVILLE FL 32202**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 of Registered Agent (if different from corporation's principal office)

(NOTE: If a new registered agent is provided, the signature of the new agent must be provided.)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	☐ DELETE
NAME	HOLTHAUS, KEVIN M.	
STREET ADDRESS	207 HOPKINS ST.	
CITY-STATE-ZIP	NEPTUNE BEACH FL	
TITLE	DST	☐ DELETE
NAME	HOLTHAUS, REGINA M.	
STREET ADDRESS	207 HOPKINS ST.	
CITY-STATE-ZIP	NEPTUNE BEACH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-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 included 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Kevin M. Holthaus, Pres.

(904) 273-9150

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Typed Phone #

CR2E034 (3/96)