FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **L61819** **(3)**

1. Corporation Name

HOLIDAY HOMES OF ORLANDO, INC.

Principal Place of Business	Mailing Address
9521 S. ORANGE BLOSSOM TRAIL 118A ORLANDO FL #@ #8 US	9521 S. ORANGE BLOSSOM TRAIL 118A ORLANDO FL 32937 US

3. Date Incorporated or Qualified: **03/26/1990**

3a. Date of Last Report: **04/24/1995**

4. FEI Number: **59-3014789** ☐ 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 intangible tax under s. 199.032, Florida Statutes. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

JONES, S. CANDEE
9521 S ORANGE BLOSSOM TR
ORLANDO FL 32837

10. Name and Address of New Registered Agent

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: _____ DATE

12. OFFICERS AND DIRECTORS		
TITLE	DPS	☐ DELETE
NAME	JONES, S. CANDEE	
STREET ADDRESS	5812 ST REGIS PLACE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	T	☐ DELETE
NAME	JONES, S. CANDEE	
STREET ADDRESS	5812 ST. REGIS PLACE	
CITY-ST-ZIP	ORLANDO FL	
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			
11 TITLE	DPS	☒ Change	☐ Addition
12 NAME	Brooks, Candee Jones		
13 STREET ADDRESS	5812 St. Regis Place		
14 CITY-ST-ZIP	Orlando, Fl. 32812		
21 TITLE	T	☒ Change	☐ Addition
22 NAME	Brooks, Candee Jones		
23 STREET ADDRESS	5812 St. Regis Place		
24 CITY-ST-ZIP	Orlando, Fl. 32812		
31 TITLE		☐ Change	☐ Addition
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP			
41 TITLE		☐ Change	☐ Addition
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE		☐ Change	☐ Addition
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE		☐ Change	☐ Addition
62 NAME			
63 STREET ADDRESS			
64 CITY-ST-ZIP			

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this report is voluntarily furnished and 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.

SIGNATURE: J. Candee Jones
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/96
DATE

407-240-5534
DAYTIME PHONE #