FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 27 AM 10: 33

DOCUMENT # L77139 (8)

1. Corporation Name
HOLBEN CONSTRUCTION COMPANY

Principal Place of Business	Mailing Address
333 N FALKENBURG RD SUITE A117 TAMPA FL 33619	333 N FALKENBURG RD SUITE A117 TAMPA FL 33619

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/01/1990
3a. Date of Last Report: 04/27/1994

2. Principal Place of Business
21 333 N. Falkenburg Rd
Suite, Apt. # etc. 22 Suite B-203
City & State 23 Tampa FL
Zip 24 33619 Country 25

2a. Mailing Address
26 333 N. Falkenburg Rd
Suite, Apt. # etc. 27 Suite B-203
City & State 28 Tampa FL
Zip 29 33619 Country 30

4. FEI Number: 65-0196945 ☐ 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

9. Name and Address of Current Registered Agent

HOLLOWAY, MICHAEL T.
333 N FALKENBURG RD #A117
TAMPA FL 33619

10. Name and Address of New Registered Agent

81 Name: Holloway, Michael T.
82 Street Address (P.O. Box Number is Not Acceptable): 333 N. Falkenburg Rd #B-203
83
84 City: Tampa FL 85 Zip Code: 33619

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: MICHAEL T. HOLLOWAY PRESIDENT (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 3/1/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPS	11 TITLE	DPS	☒ Change ☐ Addition
NAME	HOLLOWAY, MICHAEL T.	12 NAME	Holloway, Michael T.	
STREET ADDRESS	822 REGAL PALM COURT	13 STREET ADDRESS	1505 W. Windhorst	
CITY-ST-ZIP	BRANDON FL	14 CITY-ST-ZIP	Brandon, FL 33510	
TITLE	T	21 TITLE	T.	☒ Change ☐ Addition
NAME	HOLLOWAY, MICHAEL T.	22 NAME	Holloway, Michael T.	
STREET ADDRESS	822 REGAL PALM COURT	23 STREET ADDRESS	1505 W.Windhorst	
CITY-ST-ZIP	BRANDON FL	24 CITY-ST-ZIP	Brandon, FL 33510	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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: Michael T. Holloway, President 3/17/95 (813) 651-1664
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0290731 CP