SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

1999



## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## FLORIDA DEPARTMENT OF STATE

## FILED Sep 21, 1999 8:00 am Secretary of State 09-21-1999 90001 013 \*\*\*550.00

HOLIDAY ENTERPRISES, INC.    Principal Place of Business   Mailing Address   P.O. BOX 28   SUMENPELD P. 34491   US   US   SUMENPELD P. 34491   US   US   SUMENPELD P. 34491   US   US   US   US   US   US   US   U	DOCUMENT # L77691					
Principal Place of Business SUMMERFELD PL 34491 US  2. Principal Place of Business P.O. BOX 28 SUMMERFELD PL 34491 US  2. Principal Place of Business P.O. BOX 28 SUMMERFELD PL 34491 DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualified OS/30/1990  3. Date incorporated or Qualified OS/30/1990  3. Date incorporated or Qualified OS/30/1990  4. FEI Number SS-55-055-055-155 IND Applied For Principal Place of Business P.O. Box 28 SUM, Apt. #, etc. P.O. South, Apt. #, etc. P.O. State P.O. Box 18, Apt. #, etc. P.O. State P.O. Box 18, Apt. #, etc. P.O. Box 18	· · · · · · · · · · · · · · · · · · ·					
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US    DATE INTERPRETATIONS   DATE   DELETE   DEL	•		•			•
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2. Principal Place of Business   2a. Mailing Address   4. Fill Number   Applied For			05			NIS SPACE
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Sulte, Apt. #, etc.    Sulte, Apt. #, etc.	2. Principal Place of Business   2a. Mailing Address				<del></del>	
S. Carifficiae of Status Desired   Fee Required   Fee Required   City & State   City & City & State   City & City & State   City &			<del></del>			
City & State  Ci			. 🛏		5. Certificate of Status Desired	7 -
Zip			<del></del>		6. Election Campaign Financing	\$5.00 May Be
9. Name and Address of Current Registered Agent  9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  11. Pursuant to this provisions of sections 607 0502 and 507 1508, Florids Statutes.  12. Street Address (P.O. Box Number is Not Acceptable)  13. Pursuant to this provisions of sections 607 0502 and 507 1508, Florids Statutes.  14. Pursuant to this provisions of sections 607 0502 and 507 1508, Florids Statutes.  15. Pursuant to this provisions of sections 607 0502 and 507 1508, Florids Statutes.  16. In Name  17. Pursuant to this provisions of sections 607 0502 and 507 1508, Florids Statutes.  18. Street Address (P.O. Box Number is Not Acceptable)  19. Street Address (P.O. Box Number is Not Acceptable)  10. Name and Address of New Registered Agent  10. Name  10. Name and Address of New Registered Agent  10. Name and Address of New Registered	23					
9. Name and Address of Current Registered Agent  BOYER, WILLET A III 18 N.W. SRTHA AVENUE OCALA FL 34475  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City FL 85 Zip Code  11. Pursuant to the provisions of sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submite this statement for the purpose of changing its registered agent. I am femiliar with, and accept the obligations of, section 607 0505, Florida Statutes.  11. Pursuant to the provisions of sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submite this statement for the purpose of changing its registered agent. I am femiliar with, and accept the obligations of, section 670 0505, Florida Statutes.  11. Pursuant to the provisions of sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submite this statement for the purpose of changing its registered agent. I am femiliar with, and accept the obligations of, section 670 050, Florida Statutes.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. City  15. TITLE  16. Change  Addition  16. Name  16. Name  17. Name  18. Name  18. Name  18. Name  18. Name  18. Name  18. Name  19. State Address (P.O. Box Number is Not Acceptable)  18. Name  19. State Address (P.O. Box Number is Not Acceptable)  18. Name  19. State Address (P.O. Box Number is Not Acceptable)  18. Name  19. State Address (P.O. Box Number is Not Acceptable)  19. State Address (P.O. Box Number is Not Acceptable)  10. Name  10.		<u>⊢</u> , '		<b>⊢</b> '		
BOYER, WILLET A III 18 N.W. 3RTH AVENUE OCALA FL 34475  33  44 City FL 85 Zip Code  T1. 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 agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment are 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 are 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 are registered agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Statutes, the above variety accept the appointment are registered agent, and statutes, the appointment are registered agent, and statutes, the appointment are registered agent, and statutes, the above variety accept the appointment are registered agent, and statutes, the appointment are registered	24		<del> </del>	30		
11. Pursuant to the provisions of sections 607 0502 and 607.1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing lite registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the displactment as registered gent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the displactment as registered gent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the displactment as registered gent and the section 607.6505, Florida Statutes.  SIGNATURE			· · · · · · · · · · · · · · · · · · ·	81 Name		
OCALA FL 34475  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 agent. I am familiar with, and except the objections of sections 607 0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and except the objections of sections of 97 0505, Florida Statutes.  SIGNATURE    DP				82 Street Ad	Idress (P.O. Box Number is Not Acceptable)	
### City ###				83		
11. Pursuant to the provisions of sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submite this statement for the purpose of changing its registered april, 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, 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, and familiar with, and accept the obligations of, section 607 0505, Florida Statutes.  SIGNATURE	00,					7-0-4
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's poore of directors. Thereby accept the appointment as registered agent and the first applicable.    12				84 City	1	FL 85 Zip Code
agent. I am familiar with, and accept the obligations of, section BY/ JUSI, Florinas Statutes.  SIGNATURE  SIGNATURE  Signature, typed or printed name of registered agent and title if appricable (NOTE: Registered Agent signature required when reinvatancy)  DATE  12.	11. Pursuant	to the provisions of sections 607.0502	and 607.1508, Florida Statute	es, the above-named corporation	poration submits this statement for the purpose ation's board of directors. I hereby accept the a	of changing its registered ppointment as registered
Signative. Special printed name of registered agent and file if applicable.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ITITLE  PHOLIDAY, LESUE J., JR.  6944 S.E. 135TH STREET  SUMMERFIELD FL 34491  14 CITYST-2IP  SUMMERFIELD FL 34491  TITLE  V	agent. I a	registered agent, or both, in the State am familiar with, and accept the obliga	ations of, section 607.0505, Flo	orida Statutes.		,
12.	SIGNATURE	Stooghers, based or printed game of recistered agen	t and title if amticable (NC	OTE: Registered Agent signature r	required when reinstating) DA	TE
DP	- Britan Company				S AND DIRECTORS IN 12	
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CITYST-ZIP   SUMMERFIELD FL 34491	NAME			1.2 NAME		
TITLE	STREET ADDRESS		•	1.3 STREET ADDRESS		
NAME   HOLIDAY, DEBBIE A.	CITY-ST-ZIP		!			
STREET ADDRESS   6944 S.E. 135TH STREET   23 STREET ADDRESS   24 CITY-ST-ZIP	TITLE	· ·	DELETE			Change Addition
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14800 S.E. 56TH AVENUE   3.3 STREET ADDRESS   SUMMERFIELD FL 34491   3.4 CITY-ST-ZIP				3.2 NAME		
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44 11 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2	CITY-ST-ZIP				10.07(0)(0). Flori 1.00(1.00)	diff. that the infa

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 Block 12 or Block 13 if changed, or on an attachment with an address.