

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Jan 30, 1999 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

01-30-1999 90008 048 \*\*\*\*150.00

**DOCUMENT # L94876**

1. Corporation Name  
**VIVECA HOLT, INC.**



Principal Place of Business  
**122 N CARVER  
 BRANDON, FL 33510-4527  
 US**

Mailing Address  
**122 N CARVER  
 BRANDON FL 33510-4527  
 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

**08/20/1990**

4. FEI Number

**59-3048481**

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 owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HOLT, VIVECA  
 122 N CARVER  
 BRANDON FL 33511**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ADDRESS	DELETED	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
DPV HOLT, VIVECA 7175 E. BANK DR. TAMPA FL	<input type="checkbox"/>	1.1	HOLT, VIVECA	7175 E. BANK DR.	TAMPA FL	<input type="checkbox"/>	<input type="checkbox"/>
ST HOLT, VIVECA 7175 E. BANK DR. TAMPA FL	<input type="checkbox"/>	2.1	HOLT, VIVECA	7175 E. BANK DR.	TAMPA FL	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	3.1				<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	4.1				<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	5.1				<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	6.1				<input type="checkbox"/>	<input type="checkbox"/>

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Viveca Holt* REQUIRED

1-15-99

8136895260

CR2E034 (1/198)