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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **M99584** **(8)**

1. Corporation Name
MICHAEL G. HOLDER, INC.

Principal Place of Business	Mailing Address
% MICHAEL G. HOLDER RT. 3. BOX 1346 CALLAHAN FL 32011	% MICHAEL G. HOLDER RT. 3. BOX 1346 CALLAHAN FL 32011-9340

3. Date Incorporated or Qualified: 09/09/1988
3a. Date of Last Report: 03/28/1996

2. Principal Place of Business	2a. Mailing Address
21 4944 WOODRIDGE DR	26 4944 WOODRIDGE DR
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 CALLAHAN, FL	28 CALLAHAN, FL
24 Zip 32011 / 25 Country USA	29 Zip 32011 / 30 Country USA

4. FEI Number: 59-2906901 ☐ 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	10. Name and Address of New Registered Agent
HOLDER, MICHAEL G. RT. 3, BOX 1346 CALLAHAN FL 32011	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
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☑ Change ☐ Addition
NAME	HOLDER, MICHAEL G.		1.2 NAME		
STREET ADDRESS	RT. 3, BOX 1346		1.3 STREET ADDRESS	4944 WOODRIDGE DR	
CITY-ST-ZIP	CALLAHAN FL		1.4 CITY-ST-ZIP	CALLAHAN, FL 32011	
TITLE	DS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HOLDER, NANCY PAULETTE		2.2 NAME		
STREET ADDRESS	RT. 3, BOX 1346		2.3 STREET ADDRESS	4944 WOODRIDGE DR	
CITY-ST-ZIP	CALLAHAN FL		2.4 CITY-ST-ZIP	CALLAHAN, FL 32011	
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HOLDER, MICHAEL TODD		3.2 NAME		
STREET ADDRESS	13054 CHELSEA HARBOR DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	4.1 TITLE		☑ Change ☐ Addition
NAME	HOLDER, JASON PAUL		4.2 NAME		
STREET ADDRESS	RT 3 BOX 1346		4.3 STREET ADDRESS	4944 WOODRIDGE DR	
CITY-ST-ZIP	CALLAHAN FL		4.4 CITY-ST-ZIP	CALLAHAN, FL 32011	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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.

SIGNATURE: Michael G Holder 2/7/97 (904) 699-9405
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #