

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 03 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N94000005399 (0)

1. Corporation Name  
CITY OF HOLLY HILL EMPLOYMENT CORPORATION



Principal Place of Business: 1065 RIDGEWOOD AVENUE HOLLY HILL FL 32117  
Mailing Address: 1065 RIDGEWOOD AVENUE HOLLY HILL FL 32117-2807

3. Date Incorporated or Qualified: 10/28/1994  
3a. Date of Last Report: 02/08/1996  
4. FEI Number: 59-6000337  
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: 21 Suite, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country  
2a. Mailing Address: 26 Suite, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country; 30 Country

9. Name and Address of Current Registered Agent  
SIMPSON, SCOTT E  
595 W GRANADA BLVD.  
SUITE A  
ORMOND BEACH FL 32174

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PCM	<input type="checkbox"/> DELETE
NAME	LUSK, DONALD B	
STREET ADDRESS	1065 RIDGEWOOD AVE.	
CITY-ST-ZIP	HOLLY HILL FL 32117-2898	
TITLE	MD	<input type="checkbox"/> DELETE
NAME	ARTHUR, WILLIAM D	
STREET ADDRESS	1065 RIDGEWOOD AVE	
CITY-ST-ZIP	HOLLY HILL FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	BYRNES, ARTHUR J	
STREET ADDRESS	1065 RIDGEWOOD AVE.	
CITY-ST-ZIP	HOLLY HILL FL 32117-2898	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	HEYMAN, SHIRLEY	
STREET ADDRESS	1065 RIDGEWOOD AVE.	
CITY-ST-ZIP	HOLLY HILL FL 32117-2898	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	MELLETTE, J.D.	
STREET ADDRESS	1065 RIDGEWOOD AVE.	
CITY-ST-ZIP	HOLLY HILL FL 32117-2898	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	ELLIOTT, JIM	
STREET ADDRESS	1065 RIDGEWOOD AVE.	
CITY-ST-ZIP	HOLLY HILL FL 32117-2898	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/96

CR2E037 (9/96)