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

APPROVED AND FILED

95 MAY -1 AM 5:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P07420** **(3)**

1. Corporation Name

D.H. HOLMES COMPANY, LIMITED

Principal Place of Business	Mailing Address
1600 CANTRELL RD P.O. BOX 486 LITTLE ROCK AR 72203	1600 CANTRELL RD P.O. BOX 486 LITTLE ROCK AR 72203

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
09/16/1985	05/01/1994

2. Principal Place of Business (21)	2a. Mailing Address (26)	4. FEI Number: 72-0214350	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State (23)	City & State (28)	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip (24) / County (25)	Zip (29) / County (30)	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
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN 12)	
TITLE	PD	1 TITLE	☐ Change ☐ Addition
NAME	DILLARD II, WILLIAM	2 NAME	
STREET ADDRESS	1600 CANTRELL RD	3 STREET ADDRESS	
CITY-ST-ZIP	LITTLE ROCK AR	4 CITY-ST-ZIP	
TITLE	VD	7 TITLE	☐ Change ☐ Addition
NAME	DILLARD, ALEX	8 NAME	
STREET ADDRESS	1600 CANTRELL RD.	9 STREET ADDRESS	
CITY-ST-ZIP	LITTLE ROCK AR	10 CITY-ST-ZIP	
TITLE	VSD	11 TITLE	☐ Change ☐ Addition
NAME	DARR JR., JAMES E	12 NAME	
STREET ADDRESS	1600 CANTRELL RD	13 STREET ADDRESS	
CITY-ST-ZIP	LITTLE ROCK AR	14 CITY-ST-ZIP	
TITLE	VD	15 TITLE	☐ Change ☐ Addition
NAME	FREEMAN, JAMES I	16 NAME	
STREET ADDRESS	1600 CANTRELL RD.	17 STREET ADDRESS	
CITY-ST-ZIP	LITTLE ROCK AR	18 CITY-ST-ZIP	
TITLE	VT	19 TITLE	☐ Change ☐ Addition
NAME	HAWKINS, JOHN	20 NAME	
STREET ADDRESS	1600 CANTRELL RD.	21 STREET ADDRESS	
CITY-ST-ZIP	LITTLE ROCK AR	22 CITY-ST-ZIP	
TITLE	VS	23 TITLE	☐ Change ☐ Addition
NAME	NELSON, STEVE	24 NAME	
STREET ADDRESS	1600 CANTRELL ROAD	25 STREET ADDRESS	
CITY-ST-ZIP	LITTLE ROCK AR	26 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 added to an attachment with an address.

SIGNATURE: John Hawkins May 1, 1995 (501) 376-5579

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0307372 CP