FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



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

1996

P92000009354 (1)

DOCUMENT # 1. Corporation Name	P92000009354

HOLLYWOOD CONSTRUCTION, INC.											
Principal Place of	f Business	Mailing Addre	988				4 (BBIIDD) 410 (BIID (1994 BBIII	83111 BB\$11 BB(I)	4010 141 00 111 0): Willi MLRI 1881	
18912 FRT BE	ACH RD		7429 ICH FL 3241	13							
PANAMA CITY US	FL 32413	US					ate incorporated or Qualific 12/03/1992		te of Last Re 07/10/19	95	
2. Principal Plac	e of Business	2a. Mailing Ad	ddress			4, FE	El Number 59-3157451		<u> </u>	Applied For Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.			t. #, etc.			5. C	ertificate of Status Desired	[]	\$8.75 Additional Fee Required		
City & State		City & Sta	ate:				ection Campaign Financing	g []		May Be	
28 Zip Country Zip			Country				B. This corporation has liability for intangible tax under s 199.032,				
24	25	29		30				Yes [] No	d Acont		
	9. Name and Address of Curr	ent Registered Age	ent	81	Negre	10. N	ame and Address of Ne	w Hegistere	n Ağent		
661 B-11	COLMIE D						Day Mi sphor in Mat Assa	otable)			
	, ronnie d B street			82		Address IP.U.	. Box Number is Not Acce	piable)			
	CITY FL 32401			83							
				84	City			F	85 Zi	o Code	
familiar with	the provisions of Sections 607.05 dagent, or both, in the State of Fix and except the obligations of, Sections, typed or printed name of registered agon OFFICERS A	oction 607.0505, Flor	ida Ştatüles	OTE: Registered Age		required when reins		DATE	ND DIRECTO	PRS IN 12	
TITLE	D		DELETE	1. 1 TITLE					☐ Change	Addition	
NAME	GOLDEN, RONNIE D			1.2 NAME	* *0000000						
STREET ADDRESS	P.O. BOX 7429 N/A PANAMA CITY FL			1.3 STREE 1.4 CITY-	ST-7IP						
CATY-ST-ZIP TITLE	PANAMA UITI FL		DELETE	2. 1 TITLE					☐ Change	Addition	
NAME				2 2 NAME							
STREET ADORESS					T ADDRESS						
CITY-S1-ZIP			DELETE	2 4 City - 3 1 Title		ļ 			☐ Change	Addition	
TITLE			Dictie	3.2 NAME						_	
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NAME CINCLI ADDRESS					Et address						
STREET ADDRESS				54 CITY							
CITY-ST-ZIP THILE			CELETE	6 1 TITL		†			Change	Addition	
NAME				6.2 NAM	E						
STREET ADDRESS				63STRE	E1 ADORI SS						
				6 4 CITY	- \$1 - ZIP	1,		110 02:000	Cloride Stat	doe I further	
14 Ldo hereb	v certify that the information suppli	ed with this filing is ve	oluntarily fur	rnished and d o	es not qu	ality for the e	xemption stated in Section	F [19.07(3)(K),	rionga Statu	nes. Hurther	

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)(k), 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 logal 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 chapped, or on an attachment with an address.

SIGNATURE: ___

4/21/96 904-785-9241