SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P92000009354 (1)

FILED Aug 19 1997 8:00am Secretary of State

HOLLYWOOD CONSTRUCTION, INC.							
Principal Place of Business	Mailing Address				THE REPROPERTY OF THE PROPERTY	III BOKAR OOINA IDIDO XIIDI I	DIRAN DANK ANDR
-2838H HARRISON AVENUE 3003 State Ave P.O. BOX 7429 PANAMA CITY FL 32405 US US				DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified	3a. Date of Last	Report
					12/03/1992	04/24/1990	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		pplied For
21 26					59-3157451		lot Applicable
Suite, Apt. #, etc.					5. Certificate of Status Desired	T	Additional Required
22 27 City & State City & State							
					Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip Country	Zip Country				+		
24 25	29	30			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
9. Name and Address of Current I		1001			10. Name and Address of New Re		
GOLDEN, LINDA P		1	81 N	lame			
-2838H HARRISON AVE. 3003 State Ave			82 S	troot Addro	ss (P.O. Box Number is Not Acceptab	ulo)	
PANAMA CITY FL 32405			62 S	STORT MOOF	sss (F.O. Box Number is Not Acceptate	110)	1
Trutana on the detail		Ţ	83		The state of the s		
		į.	84 (City		85 Zip	Code
		- 1	- 1	•		FL	
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		as b			d up as as in stating)	DATE	
Signature, typed or printed name of registered agont 12. OFFICERS AND		13.	Agent s	ignature requirer	d when reinstating) ADDITIONS/CHANGES TO OFFICE		DRS IN 12
TITLE D	DELETE	1.1 1119	LE		Noomono, or a decoration of the	Change	
NAME GOLDEN, RONNIE D	_	1.2 NA	ME				1
STREET ADDRESS P.O. BOX 7429 N/A			1.3 STREET ADDRESS				İ
	PANAMA CITY FL		1.4 CITY-ST-ZIP				
TITLE	DELETE		2.1 TITLE			Change	Addition
NAME	,		2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP		2. 4 01	TY-ST-	ZIP			
TITLE	DELETE	3.1 T(T	LE			Change	☐ Addition
NAME		3.2 NA	ME				
STREET ADDRESS		3.3 STF	REET AD	Dress			
CITY-ST-ZIP		3.4. CI	TY-ST-	ZIP			
TITLE	☐ DELETE	4.1 Tit	ŁE	ĺ		L. Change	Addition
NAME		4.2 NA	AME				
STREET ADDRESS		4.3 STF	REET AD	DRESS			
CITY-ST-ZIP		4.4 CIT	Y-ST-2	IP .			
TITLE	☐ DELETE	5.1 TIT	LE			Change	Addition
NAME		5,2 NA	ME				
STREET ADDRESS		5.3 STF	REET AD	DRESS			1
CITY-ST-ZIP		5.4 CI1	Y-ST-2	!IP			
TITLE	DELETE	6.1 TIT	LE	1		Change	Addition
NAME		6.2 NA	ME	1			
STREET ADDRESS		6.3 STI	REET AD	DRESS			
, CITY-ST-ZIP		6.4 CIT	Y-ST-2		in Contine 440 07/9/(i) Elevide Statute		

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.

850 822 35-25