

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

FILED

95 JUL 28 AM 9: 09

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P92000014750 (3)

1. Corporation Name

HOLD ON AMERICA, INC.

Principal Place of Business

**1104 N PARSONS AVE
STE. C
BRANDON FL 33510
US**

Mailing Address

**1104 N PARSONS AVE
STE. C
BRANDON FL 33510
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/21/1992

3a. Date of Last Report

05/01/1994

4. FEI Number

59-3153113

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. 193.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21 9721 Executive Cntr. Dr. N.

2a. Mailing Address

26 9721 Executive Cntr. Dr. N.

Suite, Apt. #, etc

Suite, Apt. #, etc

22 Suite 209

27 Suite 209

City & State

City & State

23 St. Petersburg FL

28 St. Petersburg FL

Zip

Country

Zip

Country

24 33702-2439

25 Pinellas

29 33702-2439

30 Pinellas

9. Name and Address of Current Registered Agent

**WOOD, LYLE R
1104 N PARSONS AVE
STE. C
BRANDON FL 33510**

10. Name and Address of New Registered Agent

81 Name

Wood, Lyle R.

82 Street Address (P.O. Box Number is Not Acceptable)

9721 Executive Cntr. Dr. N.

83

Suite 209

84 City

St. Petersburg

FL

85 Zip Code

33702-2439

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

[Signature]

(NOTE: Registered Agent signature required when constituting)

DATE

7-25-95

12. OFFICERS AND DIRECTORS

**TITLE PD
NAME WOOD, LYLE R
STREET ADDRESS 1104 N PARSONS AVE, STE. C
CITY, ST, ZIP BRANDON FL**

**TITLE VSTD
NAME SANCHEZ, NANCY J
STREET ADDRESS 1104 N PARSONS AVE, STE. C
CITY, ST, ZIP BRANDON FL**

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**11 TITLE PD
12 NAME Wood, Lyle R
13 STREET ADDRESS 9721 Executive Cntr. Dr. N., Ste. 209
14 CITY, ST, ZIP St. Petersburg FL 33702**

**21 TITLE VSTD
22 NAME Sanchez, Nancy J
23 STREET ADDRESS 9721 Executive Cntr. Dr. N., Ste. 209
24 CITY, ST, ZIP St. Petersburg, FL 33702**

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 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 110.02(3)(b), 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

[Signature]

Lyle Wood

7-25-95

813-579-4653