FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

P92000014750 (3) DOCUMENT #

HOLD ON AMERICA, INC.

FILED Apr 29 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							56 191 561)(\$(F10001 O	1111 8911 1881
9721 EXECUTIVE CNTR DR N STE 209 ST PETERTSBURG FL 33702-2439 US		9721 EXECUTIVE CNTR DR N STE 209 ST PETERSBURG FL 33510 US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
00						12/21/1992			
2. Principal Pla	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number	Applied For		
21		26				59-3153113		N.	tot Applicable
Sulte, Apt. #	f, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional
22		27				5. Certificate of Status Desired		Fee F	Required
City & State		City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Country			8. This corporation owes or has pa			
24	25	29	30			Personal Property Tax due June			□ No
	g. Name and Address of Curren	t Registered Agent				10. Name and Address of New Re	gistered A	gent	
WO	OD, LYLE R			81 Name					
9721 EXECUTIVE DR N STE 209				82	Street Addre	dress (P.O. Box Number is Not Acceptable)			
ST PETERSBURG FL 33702				83					
V 1.	1 6161000110 1 6 00: 05			-	0.1			or 7in	Code
				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 Signature, typed or printed name of registered agent and title Lappicable (NOTE: Registered Agent signature required when reinstating) DATE									
12.				13.		ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTO	RS IN 12
TITLE	PD	DELETE	1.1 10	TLE				Change	Addition 3
NAME	WOOD, LYLE R	OOD, LYLE R		AME					la
STREET ADDRESS	S 9721 EXECUTIVE CNTR DR N		1.3 STREET ADDRESS		ADDRESS				ļi
CITY-ST-ZIP	ST PETERSBURG FL		1.4 CI	1.4 CITY - ST - ZIP					
TITLE	VSTD DELETE 21		2110	21 TITLE				Change	Addition
NAME	SANCHEZ, NANCY J		2.2 N						1
STREET ADDRESS	9721 EXECUTIVE CNTR DR N	l	2.3 \$TR		ADDRESS				
CITY-ST-ZIP	ST PETERSBURG FL		2 4 C/TY-S		J-ZIP				
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NAME		321		AME					
STREET ADDRESS] 3		3.3 ST	3.3 STHEET ADDRESS					
CITY-ST-ZIP			3 4. C		J-ZIP	1184 Advisor - 184 Advisor - 1			4 4 4 7 7 1
TITLE	- 1		4.1 TE					Change	☐ Addition
NAME			4. 2 N	AME					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			4.4 CITY-		I-ZIP			<u> </u>	
TITLE		DELETE	5 1 TI					Change	Addition
NAME			5 2 N/						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		Placet-	5.4 CI		r-zip			Db	Addition
TITLE	DELETE			6.1 TITLE			i	Change	Addition
NAME			6.2 N/						
STREET ADDRESS			6.3 ST	REET	ADDRESS				
CITY-ST-ZIP	- All a D - a D - a fac	6.		6.4 CITY-ST-ZIP		Castian 110 07/21/i) Elevida Statulas	l forther co	elfor that th	o information

Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statules. I further certify that the informatio 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 empoyered 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.