

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
1997



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

DOCUMENT # P93000001885 (1)

1. Corporation Name
HOLIDAY TENTS, INC.

Principal Place of Business
% WILLIAM STEPHENSON
40050 EMERALDA ISLAND ROAD
LEESBURG FL 34788

Mailing Address
% WILLIAM STEPHENSON
40050 EMERALDA ISLAND ROAD
LEESBURG FL 34788

97 OCT 16 AM 7:16

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

3. Date Incorporated or Qualified

01/04/1993

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3165170

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

STEPHENSON, WILLIAM
40050 EMERALDA ISLAND ROAD
LEESBURG FL 34788

10. Name and Address of New Registered Agent

81 Name ANNA J. STEPHENSON
82 Street Address (P.O. Box Number is Not Acceptable)
40050 EMERALDA ISLAND ROAD
83
84 City Leesburg FL 85 Zip Code 34788

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 *Anna J. Stephenson* ANNA J. STEPHENSON 9-25-97
DATE

12. OFFICERS AND DIRECTORS

TITLE	P	DELETE
NAME	FRANCIS H. STEPHENSON	
STREET ADDRESS	40050 EMERALDA ISLAND ROAD	
CITY-ST-ZIP	LEESBURG FL	
TITLE	VP	DELETE
NAME	ANNA J. STEPHENSON	
STREET ADDRESS	40050 EMERALDA ISLAND RD	
CITY-ST-ZIP	LEESBURG FL	
TITLE	ST	DELETE
NAME	GEORGIA P. STEPHENSON	
STREET ADDRESS	40050 EMERALDA ISLAND RD	
CITY-ST-ZIP	LEESBURG FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Change	Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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.

SIGNATURE *Anna J. Stephenson* ANNA J. STEPHENSON 9/16/97 352 419-6644

CR2E034 (4/97)