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CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P93000010449

D.A. HOLT II, INC.

Principal Place of Business

Mailing Address

16313 U.S. HIGHWAY 19 NORTH

16313 U.S. HIGHWAY 19 NORTH

FILED Feb 02, 1999 8:00am **Secretary of State**

02-02-1999 90031 049 ***150.00



CLEARWATER FL 34624 CLEARWATER FL 34624 DO NOT WRITE IN THIS SPACE. 3. Date Incorporated or Qualifed 02/10/1993 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 59-3163992 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 \$5.00 May Be City & State 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation owes the current year Intangible Country Country Personal Property Tax. 30 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 门宫(水)在风水。"风水"每岁 DENNIS, HOLT S Street Address (P.O. Box Number is Not Acceptable) 16313 US HWY 19 NORTH SUITE B. **CLEARWATER FL 34616** Zip Code 85 84 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. □ DELETE ·(1.340.995) 1.1 TITLE TITLE 12 NAME HOLT, DENNIS A NAME 1.3 STREET ADDRESS 16313 U.S. HWY. 19 NORTH STREET ADDRESS 1.4 CITY-ST-ZIP **CLEARWATER FL 34624** CITY-ST-ZIP ☐ Addition ☐ DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP 3.1 TITLE 19. HOLT 4 11 3.2 NAME 3.3 STREET ADDRESS - 1970 STREET ADDRÉSS 3.4. CITY-ST-ZIP Change Addition 4.1 TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS

14. I 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 all address, with all other like empowered.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

51 TM F 5.2 NAME

61 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

NAME CITE STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

□ DELETE

1-13-99 727-531-3162

☐ Change

Addition

Addition