## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P93000037525 (1)

**DOCUMENT #** ISHTOHOLLO, INC.



Principal Place of Business									
C/O T. J. CAMPBELL									
4309 GORDON DR									
NAPLES FL 33940									
US									

Mailing Address

ISHTOHOLLO, INC. P O BOX 634 NAPLES FL 33939-0634

	US			U\$				3.	Date   D. 2007   1993	or Qualified	<b>3a.</b> Da	ate 01/19	i/1995	
2. Principal Place of Business			F	2a. Mailing Address				4. FEI Number 65-0418726			1		Applied For	
21			26			···							Not Applicable	
22	Suite, Apt. #, e	etc.	27	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required						
23	City & State	28	City & State				6.	Election Campaign Trust Fund Contrib	5			.00 May Be ided to Fees		
Zip Country Zip  24 25 29				Country 30			8.	This corporation ha Florida Statutes	as liability for ii Yes		tax under	rs 199.032,		
Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent							
PASSIDOMO, KATHLEEN C 800 LAUREL OAK DRIVE SUITE 400 NAPLES FL 33963-2738						81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83								
41 D				1500 Ft		84	City				F	L 85	Zıp Code	

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.

#CTTE: Registered Agent signature required when renistrancy Signature, typed or pricted had ellot registered agent and title if applicant. CR2E034 (12/95) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 THLE DELETE 1 1111 Change Addition CAMPBELL, THOMAS L NAME 1.2 NAME P O BOX 634 N/A STREET ADDRESS 1.3 STREET ADDRESS NAPLES FL CITY-ST-ZIP 1.4 CITY - ST - ZIF TITLE DELETE 2 1 TITLE ☐ Change ☐ Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2 4 CITY - ST - ZIP TITLE [ ] DELETE 3 1 TULF ☐ Change Addition NAME 3 2 NAME STREET ADDRESS 3.3 STREE! ADDRESS CITY - ST - ZIP 3.4 City - ST-ZIP TITLE DELETE. 4. 1 TITLE Change Addition NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - S1 - Z.P. DELETE TITLE 5 1 TOLLE Change Addition NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY - ST - ZIP 5.4 C+TY - ST - ZIP TITLE DELETE Change 6 1 THE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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 119.07(3)(k). 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 componation or the reneiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 if changed, or on an attachment with an address.

SIGNATURE:

NILD NAME OF SIGNING OFFICER OR DIRECTOR

4/12/96 841-262-3970