FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 1:59

DOCUMENT # P93000080060 (5)

1. Corporate Name
HOLIDAY HARBORS, INC.

Principal Place of Business: 1026 U.S. HWY. 19, HOLIDAY FL 34691

Mailing Address: 1026 U.S. HWY. 19, HOLIDAY FL 34691

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/19/1993
3a. Date of Last Report: 04/26/1994
4. FEI Number: 59-3214320 ☐ 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. 199.032 Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 21 ___ 2a. Mailing Address 26 ___
Suite, Apt. #, etc. 22 ___ Suite, Apt. #, etc. 27 ___
City & State 23 ___ City & State 28 ___
Zip 24 ___ Country 25 ___ Zip 29 ___ Country 30 ___

9. Name and Address of Current Registered Agent
BARLOW, BONNIE LEE
1026 U.S. HIGHWAY 19
HOLIDAY FL 34691

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of sections 607.1508 or 617.1508, 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 ___

12. Officers and Directors		13. Additions/Changes to Officers and Directors	
Title	DP	Title	☐ Change ☐ Addition
Name	BARLOW, RODNEY A *Delete*	Name	
Street Address	1026 U.S. HWY. 19	Street Address	
City-St-Zip	HOLIDAY FL 34691	City-St-Zip	
Title	DV	Title	*P* ☐ Change ☐ Addition
Name	ROBSON, CRYSTAL B	Name	*Robson, Crystal B*
Street Address	1026 U.S. HWY. 19	Street Address	*1026 US Hwy 19*
City-St-Zip	HOLIDAY FL 34691	City-St-Zip	*Holiday FL 34691*
Title	DST	Title	☐ Change ☐ Addition
Name	BARLOW, BONNIE L	Name	
Street Address	1026 U.S. HWY. 19	Street Address	
City-St-Zip	HOLIDAY FL 34691	City-St-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-St-Zip		City-St-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-St-Zip		City-St-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	REMITTED BY MAY 1
Street Address		Street Address	
City-St-Zip		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)(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: *Bonnie L Barlow* *4 30 95* *813 938-5468*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0374067 CP