

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 28 AM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000017124 (6)

1. Corporation Name

HOLLY LAKE ESTATES, INC.

Principal Place of Business

1001 N BARFIELD DR
MANO ISLAND FL 33937

Mailing Address

501 E KENNEDY BLVD
SUITE 1700
TAMPA FL 33602

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/01/1994

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-3230628

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

9. Name and Address of Current Registered Agent

HUMPHRIES, J. BOB
501 E KENNEDY BLVD
SUITE 1700
TAMPA FL 33602

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 607.0502 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 if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE XXXXXXXXXXXXXXXXXXXXXXXX
NAME XXXXXXXXXXXXXXXXXXXXXXXX
STREET ADDRESS XXXXXXXXXXXXXXXX
CITY ST ZIP XXXXXXXXXXXXXXXX

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

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TITLE
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

D/P

Finkel, Barry M.

2063 Brookside Drive
Safety Harbor, FL 34695

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY ST ZIP

AS

Humphries, J. Bob
501 E. Kennedy Blvd., #1700
Tampa, FL 33602

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY ST ZIP

000001475090

05/04/95-01015-025

****200.00 ****200.00

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY ST ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY ST ZIP

14. I do hereby certify that the information appearing with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this statement or on 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, or a shareholder 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 as changed, or on an attachment with an address.

SIGNATURE: J. Bob Humphries, Assistant Secretary

4/27/95

(813) 222-1173

(Signature and typed or printed name of signing officer or director)

Date

Telephone Number