

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000028520 (2)

1. Corporation Name

B & K HOLLAND ENTERPRISES, INC.



Principal Place of Business

**2529 HYDE PARK RD
JACKSONVILLE FL 32210**

Mailing Address

**PO BOX 7357
JACKSONVILLE FL 32238**

2. Principal Place of Business

21 **4521 Roosevelt Blvd**
Suite, Apt. #, etc.

22 City & State
23 **Jacksonville, FL 32210**

24 Zip **32210** 25 Country **USA**

2a. Mailing Address

26 **P.O. Box 7357**
Suite, Apt. #, etc.

27 City & State
28 **Jacksonville, FL**

29 Zip **32238** 30 Country **USA**

3. Date Incorporated or Qualified

04/08/1994

3a. Date of Last Report

03/09/1995

4. FEI Number

59-3258277

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

**SMITH, KATRINA H
2529 HYDE PARK RD
JACKSONVILLE FL 32210**

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **SMITH, KATRINA H.**
STREET ADDRESS **2529 HYDE PARK RD**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **VP** ☐ DELETE
NAME **HOLLAND, BARBARA A.**
STREET ADDRESS **2529 HYDE PARK RD**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **TCFO** ☐ DELETE
NAME **HOLLAND, ARLIE K.**
STREET ADDRESS **2529 HYDE PARK RD**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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. TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

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 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 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: *Archie K. Holland* *Archie K. Holland*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 29, 96
Date

904-771-6335
Daytime Phone #

CR2E034 (12/95)