FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

2921_HILLSDALE CIRCLE

LARGO FL 34644

US__

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FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000029913 1. Corporation Name

Principal Place of Business Mailing Address

Indian Shores, FL 33785

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HOLLAND, PETER JOSEPH

BELLEAIR BEACH FL 34635

2303 BAYSHORE DRIVE

HOLLAND MARINE CONSTRUCTION INC.

2921-HILLODALE: CIRCLE _LARGO-FE-34874T

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9. Name and Address of Current Registered Agent

19310 Gulf Blvd Indian Shores, FL 33785

2. Principal Place of Business 2a. Mailing Address 26 Suite, 19310 Gulf Blvd Suite, Apt. #, etc. 27 Indiag Shores, FL 33785 City & State 9310 Gulf Blvd

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4. FEI Number 59-3240870 5. Certifcate of Status Desired

3. Date Incorporated or Qualifed

04/18/1994

6. Election Campaign Financing Trust Fund Contribution

8. This corporation owes the current year Intaggible Personal Property Tax.

FILED Feb 27, 1999 8:00 am

Secretary of State

02-27-1999 90098 039 ***150.00

DO NOT WRITE IN THIS SPACE

Added to Fees

\$8.75 Additional

Fee Required

\$5,00 May Be

Applied For

Not Applicable

10. Name and Address of New Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) 82 19310 GULF Blud

84 City n dian Shores	FL	1	Zip Code 3 3 7 8 5
Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purp 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	pose of cl e appoint	nangi ment	ng its registered as registered
agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.			lad

Country

office or registered ager	t, or both, in the State	oi Fiorida. Such ch	ange was autn	onzed by the corporation's b	card of directors	. I thereby accept the t	appointment.	au logisto
agent. I am familiar with	and accept the oblig	ati ç ns of, Section 60	7.0505, Florida	a Statutes.			1	lad
	> Nollin	_X				\ \ \ 1	125	ノない
SIGNATURE C	710			•		<u> </u>	, /	
Signature, typed or	printed name of registered ag-	ant and title if applicable	(NOTE: Re	gistered Agent signature required when	reinstating),	· OA	Æ	
	<u>`</u>					******	0 4440 0101	CTODO

	Signature, typed or printed name of registered agent and title if applicable (NOTE: Re	gistered Agent signature re	equired when rems suring), = -	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	D DÉLETE	1.1 TITLE	Change	☐ Addition
NAME	HOLLAND, PETER JOSEPH	1.2 NAME		
STREET ADDRESS	2021-HILLSDALE CIRCLE 19310 Gulf Blvd	1.3 STREET ADDRESS	Indian Shores Fc 33785	
CITY-ST-ZIP	ARCO FL	1.4 C/TY-ST-ZIP		
TITLE	Indian Shoreselfil 33	785	☐ Change	☐ Addition
NAME	HOLLAND, E. CHRISTOPHER	2.2 NAME		
STREET ADDRESS	11338 APACHE PL	2.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL 34644	2.4 CITY-ST-ZIP	<u> </u>	
TITLE	☐ DELETE	3.1 TITLE	☐ Change	Addition
NAME		3.2 NAME	. ^	
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		34. CITY-ST-ZIP	·	
TITLE	☐ DELETE	4.1 TITLE	☐ Change	☐ Addition
NAME		4,2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CiTY-ST-ZIP		4.4 CITY-ST-ZiP		
TITLE	☐ DELETE	5.1 TITLE	☐ Change	Addition
NAME		5.2 NAME	* · *	
STREET ADDRESS		5.3 STREET ADDRESS		ł
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	☐ DELETE	6.1 TITLE	☐ Change	☐ Addition
NAME		6.2 NAME	•	
STREET ADDRESS		6.3 STREET ADDRESS		
CITY ST 74D		6.4 CITY-ST-ZIP		•

14. I hereby certify that the information supplied with this filling 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, with all other like empoy

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR