

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
May 01 1996 8:00 am  
Secretary of State

DOCUMENT # P94000033104 (8)

1. Corporation Name

G.P. HOLLOWAY INVESTMENTS, INC.



Principal Place of Business

406 NW 68TH AVE #111  
PLANTATION FL 33317

Mailing Address

406 NW 68TH AVE #111  
PLANTATION FL 33317

3. Date Incorporated or Qualified  
05/02/1994

3a. Date of Last Report  
06/12/1995

2. Principal Place of Business

21 1481 NW 65 Ave  
22 Suite, Apt., etc.  
Plantation, FL  
23 City & State  
33317

2a. Mailing Address

26  
27 Suite, Apt., etc.  
SAME  
28 City & State

4. FEI Number

65-0485471

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

HOLLOWAY, GEORGE P  
RT 1 BOX 702  
AUBURNDALE FL 33823

10. Name and Address of New Registered Agent

81 Name DAVID A. SMADOS  
82 Street Address (P.O. Box Number is Not Acceptable)  
1481 NW 65 Ave.  
83 PLANTATION, FL  
84 City FL 85 Zip Code 33313

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]*

Printed Name of Agent (Signature required when transferred)

6/1/96

12. OFFICERS AND DIRECTORS

|                |                      |        |
|----------------|----------------------|--------|
| TITLE          | D                    | DELETE |
| NAME           | HOLLOWAY, GEORGE P   |        |
| STREET ADDRESS | RT 1 BOX 702         |        |
| CITY-STATE-ZIP | AUBURNDALE FL 33823  |        |
| TITLE          | Director Sec         | DELETE |
| NAME           | DAVID SMADOS         |        |
| STREET ADDRESS | 6100 Coconut Branch  |        |
| CITY-STATE-ZIP | Plantation, FL 33317 |        |
| TITLE          |                      | DELETE |
| NAME           |                      |        |
| STREET ADDRESS |                      |        |
| CITY-STATE-ZIP |                      |        |
| TITLE          |                      | DELETE |
| NAME           |                      |        |
| STREET ADDRESS |                      |        |
| CITY-STATE-ZIP |                      |        |
| TITLE          |                      | DELETE |
| NAME           |                      |        |
| STREET ADDRESS |                      |        |
| CITY-STATE-ZIP |                      |        |
| TITLE          |                      | DELETE |
| NAME           |                      |        |
| STREET ADDRESS |                      |        |
| CITY-STATE-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-STATE-ZIP |        |          |
| 2.1 TITLE          | Change | Addition |
| 2.2 NAME           |        |          |
| 2.3 STREET ADDRESS |        |          |
| 2.4 CITY-STATE-ZIP |        |          |
| 3.1 TITLE          | Change | Addition |
| 3.2 NAME           |        |          |
| 3.3 STREET ADDRESS |        |          |
| 3.4 CITY-STATE-ZIP |        |          |
| 4.1 TITLE          | Change | Addition |
| 4.2 NAME           |        |          |
| 4.3 STREET ADDRESS |        |          |
| 4.4 CITY-STATE-ZIP |        |          |
| 5.1 TITLE          | Change | Addition |
| 5.2 NAME           |        |          |
| 5.3 STREET ADDRESS |        |          |
| 5.4 CITY-STATE-ZIP |        |          |
| 6.1 TITLE          | Change | Addition |
| 6.2 NAME           |        |          |
| 6.3 STREET ADDRESS |        |          |
| 6.4 CITY-STATE-ZIP |        |          |

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\*\*\*208.75

*[Signature]*  
5/1/96

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/96

305-584-7323

CR2E034 (12/95)