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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000071531 (5)

HOLLAND FINANCIAL, INC.

FILED Mar 16 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 2635 MCCORMICK DR 2635 MCCORMICK DR SUITE 101 SUITE 101 DO NOT WRITE IN THIS SPACE **CLEARWATER FL 33759 CLEARWATER FL 33759** 3. Date Incorporated or Qualified 09/26/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3271639 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Ζiρ Zip Country 8. This corporation owes or has paid the current year Intangible Yes ☐ No 24 25 30 Personal Property Tax due June 30. 29 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 Name HOLLAND, STEVEN L 2635 MCCORMICK DR Street Address (P.O. Box Number is Not Acceptable) SUITE 101 83 **CLEARWATER FL 33759** 84 City 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 reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition 1.1 TITLE TITLE HOLLAND, STEVEN L NAME 1.2 NAME 2635 MCCORMICK DR SUITE 101 STREET ADDRESS 1.3 STREET ADDRESS **CLEARWATER FL 33759** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition 2.1 TITLE ☐ Change TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition ☐ Change 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST- ZIP CITY-ST-ZIP DELETE Change ... Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ___ Addition 6.1 TITLE Change TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

14. Thereby 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 informatic indicated on this annual report of supply inerital annual reports is the ard 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 received in trusted or powerful to the receiver of the corporation of the receiver of the corporation of the receiver of the rec

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