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 # **P95000004945 (8)**

1. Corporation Name

JAMES C. HOLLOWAY, INC.

Principal Place of Business	Mailing Address
10240 S.W. 135TH ST. MIAMI FL 33176	10240 S.W. 135TH ST. MIAMI FL 33176

3. Date Incorporated or Qualified: 01/19/1995
3a. Date of Last Report:

2. Principal Place of Business
21 135 Riverwood Lane
22 Suite, Apt. #, etc.: Alexander City, AL.
23 City & State:
24 Zip: 35010 25 Country: USA

2a. Mailing Address
26 135 Riverwood Lane
27 Suite, Apt. #, etc.:
28 City & State: Alexander City, AL.
29 Zip: 35010 30 Country: USA

4. FEI Number: 65-0548008 ☐ 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, PORTIA
10240 S.W. 135TH ST.
MIAMI FL 33176

10. Name and Address of New Registered Agent

81 Name: Ronald P. Mackendree
82 Street Address (P.O. Box Number is Not Acceptable): 6701 Sunset Dr. - Suite 101
83
84 City: Miami FL 85 Zip Code: 33143

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: Ronald Mac Kendree 4/30/96
Signature, typed or printed name of registered agent and title, if applicable (Note: Registered Agent is required to manually sign this report.) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOLLOWAY, JAMES C C 10240 S.W. 135TH ST. MIAMI FL 33176	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition President Holloway, James C 135 Riverwood Lane Alexander City, AL. 35010
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOLLOWAY, PORTIA 10240 S.W. 135TH ST. MIAMI FL 33176	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition Holloway, Director, Portia 135 Riverwood Lane Alexander City, AL. 35010
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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: James C Holloway James C. Holloway 4/24/96 (205) 825-5359
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)