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

PROFIT **CORPORATION ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # P95
1. Corporation Name
JAMES C. HOLLOWAY, INC. P95000004945 (8)

**FILED** May 06 1998 8:00am Secretary of State



					LUIAI DIBID IBIAI EIREI BAL FEDL	
Principal Place of Business Mailing Address						
135 RIVERWOOD LANE 135 RIVERWOOD LANE			40			
ALEXANDER CITY AL 35010 US		ALEXANDER CITY AL 35010 US		DO NOT WRITE IN THIS SPACE		
33		••		3. Date Incorporated or Qualified		
				01/19/1995		
2. Principal P	Place of Business	2s. Mailing Address		4. FEI Number	Applied For	
21		26		65-0548008	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23	· <del></del>	28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the		
24	25		30	Personal Property Tax due June 30	Yes No	
444	9. Name and Address of Curre	10. Name and Address of New Registers	Agent			
MACKENDREE, RONALD O			81 Name			
6701 SUNSET DR SUITE 101			82 Street A	ddress (P.O. Box Number is Not Acceptable)	· · · · · · · · · · · · · · · · · · ·	
MIAMI FL 33143			80	63		
			63			
			<b>B4</b> City		85 Zip Code	
44 5		00 1/00 5			L es 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, typicd or printed native of registered agent and table diagraticative (NOTE Registered Agent signature required when reinstating) DATE						
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12	
TITLE	Р	DELETE	1.1 TITLE		Change Addition	
NAME	HOLLOWAY, JAMES C C		1.2 NAME			
STREET ADDRESS	135 RIVERWOOD LANE		13 STREET ADDRESS			
CITY-ST-ZIP	ALEZANDER CITY AL		1.4 CITY-ST-ZIP			
TITLE	U	DELETE	2.1 TITLE		☐ Change ☐ Addition	
NAME	HOLLOWAY, PORTIA		2.2 NAME			
STREET ADDRESS	135 RIVERWOOD LANE		2.3 STREET ADDRESS			
CITY-ST-ZIP	ALEZNDER CITY AL		2. 4 CITY-ST-ZIP			
TITLE		DELETE	3.1 TITLE		☐ Change ☐ Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3 4. 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		☐ DELETÉ	5.1 TITLE		Change Addition	
NAME			5 2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TETLE		☐ Change ☐ Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-\$T-ZIP			6.4 CITY - ST - ZIP			
44   boroby c	santifu that the information authorized	with this files a door not availy for	the exemption stated	in Section 110 07/21/il Florida Statuton I further	partify that the information	

indicated on this annual report or supplied with this ming does not quality for the exemption stated in Section 119.07(3)(), 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 eath; 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.