

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000018568

1. Corporation Name
THE HOLLAND GROUP

Principal Place of Business Mailing Address
**11609 NIGHT HERON DRIVE
NAPLES FL 33999**

3. Date Incorporated or Qualified **MARCH 6, 1995** 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt #, etc 26 Suite, Apt #, etc
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country 30

4. FEE Number **65-0569581** 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
7. This corporation has liability for intangible tax under s. 190.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**JAMES H. SIESKY
SIESKY & PILON
1000 TAMiami TRAIL NORTH
SUITE 201
NAPLES, FLORIDA 33940**

10. Name and Address of New Registered Agent
81 Name **FRANK M. HOLLAND, JR.**
82 Street Address (P.O. Box Number is Not Acceptable) **11609 NIGHT HERON DR.**
83
84 City **NAPLES** FL 85 Zip Code **33999**

11. Pursuant to the provisions of Sections 607.0302 and 607.1100, 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 607.0302, Florida Statutes.

SIGNATURE *Frank M. Holland, Jr.*

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT/DIRECTOR	<input type="checkbox"/> DELETE
NAME	FRANK M. HOLLAND	
STREET ADDRESS	11609 NIGHT HERON DRIVE	
CITY-ST-ZIP	NAPLES FL 33999	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SECRETARY/TREASURER/DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SALLY R. HOLLAND	
1.3 STREET ADDRESS	11609 NIGHT HERON DR.	
1.4 CITY-ST-ZIP	NAPLES, FL 33999	
2.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CRAG N. HOLLAND	
2.3 STREET ADDRESS	520 SUGAR PINE LANE	
2.4 CITY-ST-ZIP	NAPLES, FL 33999	
3.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	CRISTA N. WALTON	
3.3 STREET ADDRESS	130 CHADWICK DR.	
3.4 CITY-ST-ZIP	HELENA, AL 35080	
4.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	CLINT C. HOLLAND	
4.3 STREET ADDRESS	606 PATRIKISS DR.	
4.4 CITY-ST-ZIP	ALBANY, GA 31709	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: *Frank M. Holland, Jr.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96 941 566 1048

CR2E034 (12/95)