

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

FILED

**Jan 16 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000018568 (2)
1. Corporation Name
THE HOLLAND GROUP, INC.



Principal Place of Business 11609 NIGHT HERON DRIVE NAPLES FL 33999	Mailing Address 11609 NIGHT HERON DRIVE NAPLES FL 33999
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 03/06/1995	
4. FEI Number 65-0569581	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

g. Name and Address of Current Registered Agent

HOLLAND, FRANK M JR.
11609 NIGHT HERON DRIVE
NAPLES FL 33999

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	P D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLAND, FRANK M	1.2 NAME	
STREET ADDRESS	11609 NIGHT HERON DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33999	1.4 CITY-ST-ZIP	NAPLES, FL 34119
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLAND, SALLY R	2.2 NAME	
STREET ADDRESS	11609 NIGHT HERON DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33999	2.4 CITY-ST-ZIP	NAPLES, FL 34119
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLAND, CRAIG N	3.2 NAME	
STREET ADDRESS	520 SUGAR PINE LANE	3.3 STREET ADDRESS	811 94TH AVE. N.
CITY-ST-ZIP	NAPLES FL 33963	3.4 CITY-ST-ZIP	NAPLES, FL 34108
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALTON, CRISTA H	4.2 NAME	
STREET ADDRESS	130 CHADWICK DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	HELENA AL 35080	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLAND, CLINT C	5.2 NAME	
STREET ADDRESS	606 PARTRIDGE DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ALBANY GA 31707	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 _____ DATE **1/7/98**

CR2E034 (10/97)