

**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 # P95000041823 (2)**

1. Corporation Name

**HOLLINSWOOD LAND MANAGEMENT COMPANY**



Principal Place of Business

Mailing Address

**100 SECOND AVENUE SOUTH STE. 704  
ST. PETERSBURG FL 33701**

**POST OFFICE BOX 206  
ST. PETERSBURG FL 33731**

3. Date Incorporated or Qualified <b>05/26/1995</b>	3a. Date of Last Report
4. FEI Number <b>59-3320776</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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
24 Country	29 Country
30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FISHER & SAULS, P.A.  
100 SECOND AVENUE SOUTH STE. 704  
ST. PETERSBURG FL 33701**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) <b>100 SECOND AVENUE SO., SUITE #701</b>
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

Signature, typed or printed name of registered agent and date if available

(NOTE: Registered Agent signature required when requested)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<b>P</b>
NAME	<b>HOLLINS, DIXIE M</b>	1.2 NAME	
STREET ADDRESS	<b>100 SECOND AVENUE SOUTH STE. 704</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33701</b>	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	<b>V/D</b>
NAME		2.2 NAME	<b>ANN B. HOLLINS</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>100 SECOND AVENUE SO, #704</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>ST. PETERSBURG, FL 33701</b>
TITLE		3.1 TITLE	<b>S/T/D</b>
NAME		3.2 NAME	<b>MARILYN M. POLSON</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>100 SECOND AVE. SO., #701</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>ST. PETERSBURG, FL 33701</b>
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-96

DATE

DAY-TIME PHONE #

CR2E034 (12/95)