

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

FILED
Feb 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000041823
 1. Corporation Name
HOLLINSWOOD LAND MANAGEMENT COMPANY

Principal Place of Business 100 Second Ave. So. Suite 704 St. Petersburg, FL 33701	Mailing Address P.O. Box 277 Crystal River, FL 34423
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3. Date incorporated or Qualified 05/26/1995	3a. Date of Last Report 03/01/96
4. FEI Number 59-3320776	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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business Suite, Apt #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt #, etc. City & State Zip Country
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9. Name and Address of Current Registered Agent
**FISHER & SAULS, P.A.
 100 SECOND AVENUE SO, SUITE 701
 ST. PETERSBURG, FL 33701**

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
FL 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

TITLE	P <input type="checkbox"/> DELETE
NAME	HOLLINS, DIXIE M.
STREET ADDRESS	100 SECOND AVE. SO., SUITE 704
CITY-ST-ZIP	ST. PETERSBURG, FL 33701
TITLE	VD <input type="checkbox"/> DELETE
NAME	HOLLINS, ANN B.
STREET ADDRESS	100 SECOND AVENUE SOUTH, SUITE 704
CITY-ST-ZIP	ST. PETERSBURG, FL 33701
TITLE	STD <input type="checkbox"/> DELETE
NAME	POLSON, MARILYN M.
STREET ADDRESS	100 SECOND AVE. SO., SUITE 701
CITY-ST-ZIP	ST. PETERSBURG, FL 33701
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

11 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	HOLLINS, DIXIE M.
13 STREET ADDRESS	100 SECOND AVE. SO., SUITE 704
14 CITY-ST-ZIP	ST. PETERSBURG, FL 33701
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	ST POLSON, MARILYN M.
33 STREET ADDRESS	100 SECOND AVE. SO., SUITE 701
34 CITY-ST-ZIP	ST. PETERSBURG, FL 33701
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	700002099537
63 STREET ADDRESS	-02/27/97--01032--009
64 CITY-ST-ZIP	***165.00

14. I do 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:  **2-14-97** **352/447-5327**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #