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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000069324 (8)**

1. Corporation Name

HOLLAND CONTRACTORS, INC.

Principal Place of Business	Mailing Address
279 MEADOWFIELD BLUFF Rd. YULEE FL 32097	279 MEADOWFIELD BLUFF Rd, YULEE FL 32097

3. Date Incorporated or Qualified: 09/01/1995

3a. Date of Last Report: n/a

2. Principal Place of Business
21: same as above
22: Suite, Apt. #, etc.
23: City & State: Yulee, Fl.
24: Zip: 32097
25: Country: U.S.A.

2a. Mailing Address
26: same as above
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

4. FEI Number: [ ] Applied For [X] 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [X] Yes [ ] No

9. Name and Address of Current Registered Agent

HOLLAND, MICHAEL L
279 MEADOWFIELD BLUFF
YULEE FL 32097

10. Name and Address of New Registered Agent

81 Name: n/a
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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director/President HOLLAND, MICHAEL L 279 MEADOWFIELD BLUFF RD. YULEE FL 32097	[ ] DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Arnold E. Holland 449 Blackrock Rd. N. Yulee, Fl. 32097	[ ] Change [X] Addition Vice Presided
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Vice President Timothy P. Horgan Rt 2 Box 250 Yulee, Fl. 32097	[ ] Change [X] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	Vice President David A. Jones 1951 Palm Drive Fnda. Bch., Fl. 32034	[ ] Change [X] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	Secretary/Treasurer Kimberly K. Holland 279 meadowfield Bluff Rd. Yulee, Fl. 32097	[ ] Change [X] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	500001845305 -05/31/96--01015--003 ***225.00 5-30-96 AEB	[ ] Change [ ] Addition

CR2E034 (12/95)

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)(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: Michael Holland — 5/23/96 — 904-225-9778
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #