

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90049 025 ***150.00

DOCUMENT # P95000077158

1. Corporation Name

HOLLANDS INSTALLATIONS, INC.

Principal Place of Business

638 PALM AVENUE
GOODLAND FL 34140
US

Mailing Address

POST OFFICE BOX 191
GOODLAND FL 34140
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/09/1995

4. FEI Number

65-0613219

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

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

LARRY HOLLAND

82 Street Address (P.O. Box Number is Not Acceptable)

638 PALM AVENUE

83

84 City

GOODLAND

FL

85 Zip Code

34140

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

Larry B. Holland

(NOTE: Registered Agent signature required when reinstating)

DATE

2/5/99

12. OFFICERS AND DIRECTORS

TITLE

NAME
HOLLAND, VIVIAN A
STREET ADDRESS
638 PALM AVENUE
CITY-ST-ZIP
GOODLAND FL 33933

DELETE

TITLE

NAME
HOLLAND, LARRY B
STREET ADDRESS
638 PALM AVENUE
CITY-ST-ZIP
GOODLAND FL 33933

DELETE

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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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, with all other like empowered.

SIGNATURE: Larry B. Holland

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

2/5/99 9416426385

Daytime Phone

CR2E034 (1/98)