## Check # 1249 for \$558.75 attacker

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

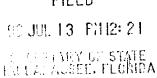
Secretary of State **DIVISION OF CORPORATIONS** 

**DOCUMENT #** P95000092252

**HOLLAND & ASSOCIATES CONSULTING, INC.** 

Principal Place of Business Mailing Address 4032 N. OCEAN DRIVE 6446 10 E TRAILRIDGE CIR HOLLYWOOD FL 33019 MESA AZ B5125

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| US  |   |               |                  |    |                     |  | DO NOT WRITE IN THIS SPACE |   |  |  |
|---|---|---------------|------------------|----|---------------------|--|----------------------------|---|--|--|
|   |   |               |                  |    |                     |  |                            |   | 3. Date Incorporated or Qualified 12/05/1995         |  |
| 2   | 2. Principal Place of Business  |               |                  | 2a | 2a. Mailing Address |  |                            |   | 4. FEI Number Applied For                            |  |
| 21  | ]   |               |                  | 26 | 6                   |  |                            |   | 65-0633709 Not Applicable                            |  |
| Г   | Suite, Apt. #, etc.   |               |                  |    | Suite, Apt. #, etc. |  |                            |   | 5. Certificate of Status Desired \$8.75 Additional   |  |
| 22  | 22  |               |                  | 27 | 7                   |  |                            |   | 5. Certificate of Status Desired Fee Required        |  |
| 匸   | City & State  |               |                  |    | City & State        |  |                            |   | 6. Election Campaign Financing \$5.00 May Be         |  |
| 23  | Ì   |               |                  | 28 |                     |  |                            |   | Trust Fund Contribution Added to Fees                |  |
|   | Zip   |               | Country          |    | Zip                 | Co   | untry                      | ,   | 8. This corporation owes the current year No The Due |  |
| 24  | <u> </u>  |               | 25               | 29 |                     | 30   |                            |   | Intangible Personal Property. Yes No                 |  |
| 9. Name and Address of Current Registered Agent   |   |               |                  |    |                     | 10. Name and Address of New Registered Agent |                            |   |  |  |
| l   | HOLLAND, CHARLES H JR   |               |                  |    |                     |  |                            | Name  | i  |  |
| ļ   |   |               |                  |    |                     |  | 82                         | Street Ar   | ddress (P.O. Box Number is Not Acceptable)           |  |
| 4032 N. OCEAN DRIVE   |   |               |                  |    | 02 300              |  |                            | Oli Odi Ad  | adioss (F.O. DOX Notified is NOT Accoptable)         |  |
| HOLLYWOOD FL 33019  |   |               |                  |    |                     | 83   |                            |   |  |  |
| 1   |   |               |                  |    |                     |  | 84                         | - Cir.  |  |  |
| 1   |   |               |                  |    |                     |  | 54                         | City  | FL 65 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 title if applicable (NOTE Registered Agent signature required when reinstating)  DATE                          |   |               |                  |    |                     |  |                            |   | required when reinstaling) DATE                      |  |
| 12  | 12. OFFICERS AND DIRECTORS  |               |                  |    | 13                  |  |                            | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |  |
| TIT   | LE  | PSD           |                  |    | DELETE              | 1.1 7  | ITLE                       |   |  |  |
| NA.   | ME (  | HÖLLAN        | D, CHARLES H JR  |    |                     | 1.2 N  | KAME                       | 1   |  |  |
| \$⊤   | REETADORESS   | 4032 N.       | OCEAN DR.        |    |                     | 1.3 \$                                       | TREET                      | ADDRESS   | 1  |  |
| cn  | Y-ST-ZIP  | <b>HOLLYW</b> | OOD FL 33019     |    |                     | 1.40   | CITY-S1                    | I-ZIP   | ,  |  |
| ŢII   | LE  | (VPD)         | √D               |    | DELETE              | 217  | TITLE                      | 7   | note title correction only _ crange _ Addition       |  |
| NA.   | ME  | HOLLAN        | D. L Z           |    |                     | 224  | MME                        | _   |  |  |
| STI   | REET ADDRESS  |               | E TRAILRIDGE CIR |    |                     | 2.3 S  | TREET                      | ADDRESS   |  |  |
| cn  | Y-ST-ZIP  | MESA AZ       | 7 85125          |    |                     | 240  | HTY-ST                     | (-ZIP   | •  |  |
| 711   | LE  |               |                  |    | DELETE              | 3 1 T  | TITLE                      | 1   | V D ☐ Change 🔀 Addition                              |  |
| NA  | ME  |               |                  |    |                     | 3.2 N  | NAME                       | ļ u   | OLLAND, CHARLES H. II.<br>4586 TOXAS ST.             |  |
| ST  | REET ADDRESS  |               |                  |    |                     | 335  | TREET                      | ADORESS   | 4586 TRXAS ST.                                       |  |
| Сп  | Y-ST-ZIP  |               |                  |    |                     | 340  | ITY-ST                     | i-zip 4   | SAN DIEGO, CA 92116                                  |  |
| TIT   |   |               | <del></del>      |    | DELETE              | 4.1 T  |                            |   | Change Addition                                      |  |
| NA  |   |               |                  |    |                     |  | IAME                       |   | <del></del> •  |  |
| STI   | REET ADDRESS  |               |                  |    |                     | 438  | TREET                      | ADDRESS   | 7000029393579  |  |
| Ī   | Y-ST-ZIP  |               |                  |    |                     | 1  | HTY-ST                     |   | -07/22/9901107001                                    |  |
| -   | LE  |               |                  |    | DELETE              | 51 T   |                            | <u></u>   | ****558.75_ ****558e476n                             |  |
| 1   | ME  |               |                  |    | L. J DECE IE        |  | LAME                       |   |  |  |
|   | REET ADDRESS  |               |                  |    |                     |  |                            | ADORESS   |  |  |
| 1   | Y-ST-ZIP  |               |                  |    |                     |  | ity-st                     |   |  |  |
| HT.   |   |               |                  |    | DELETE              | 61 T   |                            |   | Change Addition                                      |  |
| ı   | ME !  |               |                  |    | □ DETE IF           | 62 N   |                            | }   | E  |  |
| 1   |   |               |                  |    |                     |  |                            | ADDRESS   |  |  |
| ı   | REET ADORESS  |               |                  |    |                     |  | 11MEE  <br>11TV 61         |   | 1  |  |
|   |   |               |                  |    |                     |  |                            |   |  |  |

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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I find 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 open attackment with an officer.

SIGNATURE:

CHARLES H. HOLLAND, JR

602-882-9300

## HOLLAND & ASSOCIATES

CONSULTING, INC.

CHARLES H. HOLLAND, JR. President and Principal Consultant

July 12, 1999

Florida Department of State Division of Corporations 409 East Gaines Street Tallahassee, FL 32399 other cond con

RE: P95000092252 — HOLLAND & ASSOCIATES CONSULTING, INC

This letter covers three items:

 Please find attached a replacement Annual Report form for 1999 for the above Corporation. The original, with check, was sent on approximately April 15, 1999, but was apparently not received by your office — the check attached to that report has never been cashed.

I have requested a Certificate of Status with this filing, and have included \$8.75 along with the \$150 filing fee and \$400 late fee on check \$1249 for \$558.75.

2. Please also provide a copy of the Corporation's filed Articles of Incorporation.
Check #1251 for \$8.75 has been enclosed for this service.

Please send the requested Certificate of Status and Articles of Incorporation via FEDEX using the attached Airbill, pre-charged to recipient.

I would like to request consideration for refund of the \$400 late fee. The original filing was mailed in a timely manner. Not expecting any problem with delivery or processing, no specific mailing evidence was obtained. My first knowledge of non-receipt by your office was my receipt of your second request form last Friday. While I cannot document the April 15 mailing, I would ask your understanding and consideration for refunding the late fee.

Sincerely,

Charles H. Holland, Jr.