


FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90287 023 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #96000003299

1. Corporation Name

THE HOLIDAY FAMILY, INC.

Principal Place of Business

Mailing Address

BUD LANE
 FL 32712

200 RED BUD LANE
 LONGWOOD FL 32712



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/10/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-3362099

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

23 City & State

27 City & State

24 Zip Country

29 Zip Country

25 Country

26 Country

9. Name and Address of Current Registered Agent

KEIDAISH, PHILIP F JR
 SUITE 800
 505 WEKIVA SPRINGS ROAD
 LONGWOOD FL 32779

10. Name and Address of New Registered Agent

81 Name WILSON A. KNOTT
 82 Street Address (P.O. Box Number is Not Acceptable)
 83 200 RED BUD LANE
 84 City LONGWOOD FL 85 Zip Code 32712

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 WILSON A. KNOTT - PRES Wilson A. Knott 4-26-99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
 NAME KNOTT, WILSON A
 STREET ADDRESS 200 RED BUD LANE
 CITY-ST-ZIP LONGWOOD FL 32712

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE
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TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Wilson A. Knott 4-26-99 407-774-9127
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)