

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

97-98 AR

FILED

98 MAY 27 PM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # PA6000030069
1. Corporation Name
HOLLY, INC.

Principal Place of Business: 2411 SANDY POINT RD., PALM HARBOR, FL 34685-1636
Mailing Address:

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 2411 SANDY POINT RD.
2a. Mailing Address:
21. Suite, Apt. #, etc.
22. City & State: PALM HARBOR, FL
23. Zip: 34685 Country: UNITED STATES
24. 25. 26. 27. 28. 29. 30.

3. Date Incorporated or Qualified
4. FEI Number: 59-3420555 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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
CHUNG H. CHIN
4327 TREMBLAY WAY
PALM HARBOR, FL 34685

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. 700002548227
-06/04/98--01100--003
84. City: *****315 FL *****315.00

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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] DATE: 18 MAY '98

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------------|---------------------------------|
| TITLE | <u>P, S, T, D</u> | <input type="checkbox"/> DELETE |
| NAME | <u>CHUNG H. CHIN</u> | |
| STREET ADDRESS | <u>4327 TREMBLAY WAY</u> | |
| CITY, ST, ZIP | <u>PALM HARBOR, FL 34685</u> | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY, ST, ZIP | | |
| 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY, ST, ZIP | |
| 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | |
| 23 STREET ADDRESS | |
| 24 CITY, ST, ZIP | |
| 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY, ST, ZIP | |
| 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 | |
| 63 STREET ADDRESS | |
| 64 CITY, ST, ZIP | |

Handwritten notes: 2 pages (97-98), TS. 6/1, AR

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information indicated on this annual report is complete, 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 registered or foster empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report and my current mailing address.

SIGNATURE: [Signature] CHUNG H. CHIN 18 MAY '98 (813) 781-3890
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)