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

**PROFIT CORPORATION ANNUAL REPORT** 

**1998** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000048929 (9)

## **FILED** May 05 1998 8:00am Secretary of State

HOLDE	RMILLER	CONSTRUCTION, I	NC.						
Principal Plac	e of Business	5	Ma	ailing Address				O HODRÍNDA TATO HELITO BATALA OBJALA GRANT ERMAT OFORMA ANTIRO VALLO TREALA LEGALA DE LA CARRA DEL CARRA DEL CARRA DE LA CARRA	
520 FLAMINGO APOLLO BEAG		520 FLAMINGO DRIVE APOLLO BEACH FL 33572				DO NOT WRITE IN THIS SPACE			
								3. Date Incorporated or Qualified	
								06/06/1996	
2. Principal Place of Business				2a. Mailing Address				4. FEI Number Applied For	
21				26			·	<b>59-3386071</b> Not Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired	
City & State				City & State				B. Election Campaign Financing \$5.00 May Be	
23			28					Trust Fund Contribution	
Zip	· —		├-¬		<del>├─</del> ┐	Country		8. This corporation owes or has paid the current year Intangible	
24		25 and Address of Current	29 Regis	tered Agent	30	1		Personal Property Tax due June 30. Yes No	
CM		· · · · · · · · · · · · · · · · · · ·				81	Name	10,	
SMITH, SMITTY 3802 EHRLICH ROAD, SUITE 210						82			
TAMPA FL 33624							Street Addi	ess (P.O. Box Number is Not Acceptable)	
1730	III 7 1 L 000	/E7				83			
						84	City	FL 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the at office or registered agent, or both, in the State of Florida Such change was authorized agent. I am familiar with, and accept the obligations of Section 607.0505, Florida States.							e-named corp the corporat	poration submits this statement for the purpose of changing its registered	
SIGNATURE	Signature, lyped	or printed name of registered agen	and In	if applicable (NOTe	Registere	d Age	nt signature requir	ired when reinstating) DATE.	
12.		OFFICERS AND	DIFFC		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTV		☐ DELET <b>e</b>		1.1 T	1.1 TITLE		Change	
NAME		MILLER, GEOFFREY			1.2 N				
STREET ADORESS		MINGO DRIVE			1		ADDRESS		
CITY-ST-ZIP TITLE	APULLU	BEACH FL 33572		DELETE	1.4 C	ITY-S'	T-ZIP	Change Addition	
NAME				arene	2.2 N			C or margo	
STREET ADDRESS							ADDRESS		
CITY-ST-ZIP						CITY-S			
TITLE				☐ DELET <b>e</b>	3.1 ⊤			Change Addition	
NAME						3.2 NAME			
STREET ADDRESS					3.3 S	TREET	ADDRESS		
CITY-ST-ZIP		<del></del>			_	HTY-S	SI - ZIP		
TITLE				DELETE	4.1 ∏	ITLE	1	Change	
NAME					4.21				
STREET ADDRESS					1		ADDRESS		
CITY-ST-ZIP TITLE				DELETE	4.4 C	ITY-SI	I - ZIP	Change Addition	
NAME					5.2 N		1	La Onengo La Agunon	
STREET ADDRESS							ADDRESS		
City-St-ZIP					ı	ITY-SI	l		
TITLE			-	DELETE	6.1 T		* **!	☐ Change ☐ Addition	
NAME					6.2 N	AME		_ · _	
STREET ADDRESS					6.3 S	TREET	ADDRESS		
CITY-ST-ZIP	_				6.4 C	ITY-S1	1 - ZIP		
	sortify that the	information europed with	h this fi	ling dogs not qualify to	y tha ev	emni	ion stated in	Section 119 07/3VI) Florida Statutos 1 further certify that the information	

a mereby ceruly may the information supplied with this miling does not quality for the exemption stated in Section 1.19.07(3)(i). Florida Stalules, I further certify that the information indicated on this annual report or supplicing that 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 appenders.