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FILED

Mar 05 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000074602 (9)

1. Corporation Name  
HOLT CONSULTING & INVESTMENT, INC.



Principal Place of Business

5820 DORY WAY  
TAMPA FL 33615

Mailing Address

5820 DORY WAY  
TAMPA FL 33615-3632

3. Date Incorporated or Qualified

09/05/1996

3a. Date of Last Report

\*2. Principal Place of Business

21 3725 W. GRACE ST #300  
TAMPA, FL 33607

22 Suite, Apt. #, etc.  
#300

23 City & State  
TAMPA FL

24 Zip  
33607

Country

25 HILLSBOROUGH

2a. Mailing Address 3725 W. GRACE ST

26 #300 TAMPA, FL

27 Suite, Apt. #, etc.  
#300

28 City & State  
TAMPA FL

29 Zip  
33607

Country

30 HILLS.

4. FEI Number

59-3402521

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

GOODRICH, LAURENCE I  
100 S ASHLEY DRIVE  
SUITE 1745  
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name

RALPH S. CAMPBELL

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

3725 W. GRACE ST.

83 Suite, Apt. #, etc.

SUITE 300

84 City

TAMPA

FL

85 Zip Code

33607

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

*Ralph S. Campbell*

Signature typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/27/97

DATE

12. OFFICERS AND DIRECTORS

TITLE PRESIDENT, & DIRECTOR ☐ DELETE

NAME WILLIAM N. HOLT

STREET ADDRESS 3725 W. GRACE ST. #300

CITY - ST - ZIP TAMPA, FL 33607

TITLE EXEC. V.P., & DIRECTOR ☐ DELETE

NAME RALPH S. CAMPBELL

STREET ADDRESS 3725 W. GRACE ST.

CITY - ST - ZIP TAMPA, FL 33607

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY - ST - ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY - ST - ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY - ST - ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY - ST - ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME ☐ Change ☐ Addition

13 STREET ADDRESS ☐ Change ☐ Addition

14 CITY - ST - ZIP ☐ Change ☐ Addition

21 TITLE ☐ Change ☐ Addition

22 NAME ☐ Change ☐ Addition

23 STREET ADDRESS ☐ Change ☐ Addition

24 CITY - ST - ZIP ☐ Change ☐ Addition

31 TITLE ☐ Change ☐ Addition

32 NAME ☐ Change ☐ Addition

33 STREET ADDRESS ☐ Change ☐ Addition

34 CITY - ST - ZIP ☐ Change ☐ Addition

41 TITLE ☐ Change ☐ Addition

42 NAME ☐ Change ☐ Addition

43 STREET ADDRESS ☐ Change ☐ Addition

44 CITY - ST - ZIP ☐ Change ☐ Addition

51 TITLE ☐ Change ☐ Addition

52 NAME ☐ Change ☐ Addition

53 STREET ADDRESS ☐ Change ☐ Addition

54 CITY - ST - ZIP ☐ Change ☐ Addition

61 TITLE ☐ Change ☐ Addition

62 NAME ☐ Change ☐ Addition

63 STREET ADDRESS ☐ Change ☐ Addition

64 CITY - ST - ZIP ☐ Change ☐ Addition

14. I do 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.

SIGNATURE:

*Ralph S. Campbell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RALPH S. CAMPBELL 2/27/97 348-0404

Date

Daytime Phone #

CR2E034 (9/96)