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FILED
May 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000085256 (1)

1. Corporation Name

HOLLISTER CORPORATION

Principal Place of Business

4785 SW 61ST AVE
DAVIE FL 33314
US

Mailing Address

4785 SW 61ST AVE
DAVIE FL 33314
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/14/1996

4. FEI Number

65-0707114

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

2. Principal Place of Business

21 1050 SE 15TH STREET

Suite, Apt. #, etc.

22 200

City & State

23 FOOT LAUDERDALE, FLORIDA

Zip

24 33316

Country

25 USA

2a. Mailing Address

26 1050 SE 15TH STREET

Suite, Apt. #, etc.

27 200

City & State

28 FOOT LAUDERDALE, FLORIDA

Zip

29 33316

Country

30 USA

9. Name and Address of Current Registered Agent

HOLLISTER, THOMAS K

4785 SW 61ST AVE

DAVIE FL 33314

#200

1050 SE 15TH STREET

FOOT LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

81 Name

THOMAS K. HOLLISTER

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

1050 SE 15TH STREET, #200

83

84 City

FOOT LAUDERDALE

FL

85 Zip Code

33316

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

Thomas K. Hollister

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

(NOT) Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME HOLLISTER, THOMAS K

STREET ADDRESS 4785 SW 61ST AVE

CITY-ST-ZIP DAVIE FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

THOMAS K. HOLLISTER

1050 SE 15TH STREET, #200

FOOT LAUDERDALE, FLORIDA 33316

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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)(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

Thomas K. Hollister

Thomas K. Hollister

4.19.98

954.522.8580

CR2E034 (10/97)