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Feb 20, 1999 8:00 am

Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000090076

HOLWELL & ASSOCIATES, INC.						_
Principal Place of Business Mailing Address		Mailing Address	ess			
161 W ROBERTSON ST 2402 CEDARCREST PL						
BRANDON FL 33511 VALRICO FL 33594					DO NOT WRITE IN THIS SPACE	`E
) 00					Date incorporated or Qualifed	
				_	10/30/1996	
2. Principal Place of Business		2a, Mailing Address			4. FEI Number	Applied For
21		26			59-3408346	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				.75 Additional ee Required
City & State		City & State	City & State		6. Election Campaign Financing S	5.00 May Be
23		28				dded to Fees
Zip	Country	Zip	Country	/	8. This corporation owes the current year Intangible	9
24	25	29 3	30		Personal Property Tax.	s 🗆 No
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent	
HOLWELL, CHARLES I 2402 CEDARCREST PL				Name		Ì
				82 Street Address (P.O. Box Number is Not Acceptable)		
VALRICO FL 33594				<u> </u>		
VALRICO PL 33394			83	1		j
			84	City	FL 85	Zip Code
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						
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered 12. OFFICERS AND DIRECTORS 13.				nt signature requi	——————————————————————————————————————	
12.	P OFFICERS AF	D DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND DIR	ECTORS IN 12
NAME	HOLWELL, SUSAN A				ال ليا	larige LJ Additori
STREET ADORESS	2402 CEDARCREST PL		1.2 NAME			{
	VALRICO FL 33594			TADDRESS		
CITY-ST-ZIP	VP VP			T-ZIP		nange Addition
NAME	HOLWELL, CHARLES I	LJ DELETE	2.1 TITLE	ł	,	larige [] Adolutin
	2402 CEDARCREST PL		2.2 NAME			{
STREET ADDRESS	VALRICO FL 33594		2.3 STREET			·
CITY-ST-ZIP TITLE	TABIOO I E 00007		2.4 CITY-S 3.1 TITLE	91-ZIP		nange [] Addition
NAME		-J 524-11	3.2 NAME			
			3.3 STREET	T ADDOESS		,
CITY-ST-ZIP						
TITLE		☐ DELETE	3.4. CITY-S 4.1 TITLE	11-CIP	Пс	nange

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, with all other like empowered.

6.2 NAME

4. 2 NAME

5.1 TITLE 5.2 NAME

DELETE

DELETE

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP 6.1 TITLE

4.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

813-654-7766

Change

☐ Change

☐ Addition

☐ Addition