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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # P97000091814 (8)

HOLCO, INC.

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



Principal Plan	no of Business	Marting Address				
Principal Place of Businoss Mailing Address						
8092 TIGER LILY DR. 8092 TIGER LILY DR. NAPLES FL 34113 NAPLES FL 34113						
1011220120	77119	MAILLO IL SAIIS	NAPLES PL 94113			DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
						10/24/1997
	Place of Business	2a. Mailing Address	h			4. FEI Number Applied For
21		26				59-3505329 Not Applicable
Suite, Apt.	#, <b>9</b> tc.	Suite, Apt. #, etc.	<del></del>			5. Certificate of Status Desired \$8.75 Additional
22 City & Stat	2	City & State				Fee Required
23	•	28				6. Election Campaign Financing \$5.00 May Be
Zip	Country	Zip	Cou	Country		Trust Fund Contribution Added to Fees  8. This corporation owes or has paid the current year Intangible
24	25	29	30	,		Personal Property Tax due June 30. Yes No
	9. Name and Address of Curre		1551	Ţ		10. Name and Address of New Registered Agent
⊱ LAI	NGE, MARGIE D			81	Name	
8092 TIGER LILY DR.				82	Stroot	Address (P.O. Box Number is Not Acceptable)
	PLES FL 34113		02 Street Aux			Address (F.O. Box Number is Not Acceptable)
				83		
				84	City	Ing. 7:- Code
					ľ	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.						
agent. I a	im familiar with, and accept the oblig	gations of Section 607.0505,	Florida Stat	ules	ine corp	portation's board of directors: Thereby accept the appointment as registered
SIGNATURE						
10	Signature, lyped or printed name of registered as			ქ ბეი	nt signature	prequired when reinslating) DATE
12.	OF FIGERS AF			13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
NAME	MARILINIAND ALMONI			1.2 NAME		Change L Addition
STREET ADDRESS				1.3 STREET ADDRESS		
CITY-ST-ZIP	NADI EC EL 04440					
TITLE	VST	DELETE		1.4 CITY-ST 2.1 TITLE		Change Addition
NAME			2.2 NA		ł	Committee Committee
STREET ADDRESS	8092 TIGER LILY DR.			2.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34113			2 4 CITY-ST-ZIP		
TITLE	Che ma 1 a 2 11/2	DELETE 311			1-411	☐ Change ☐ Addition
NAME			3 2 NA			
STREET ADDRESS			3 3 51	REET	ADDRESS	
CITY-ST-ZIP				3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 1/1			Change Addition
NAME			4. 2 N	AME		
STREET ADDRESS			4.3 ST	REET /	ADDRESS	
CITY-ST-ZIP			4.4 CIT	IY-ST	- ZIP	
TITLE		DELETE	5.1 TIT	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NA	ME	ľ	
STREET ADDRESS			5.3 ST	REFT A	ADDRESS	
CITY-ST-ZIP			5.4 CII	Y-ST	-ZIP	
TITLE	DELETE 6.1		6.1 117	6.1 TITLE		Change Addition
NAME			6.2 NA	ME		
STREET ADDRESS			6.3 \$10	REET A	ADDRESS	
CITY-ST-ZIP			6.4 CIT	Y-ST	- 2IP	
44 Iborobu o	selify that the information numbered in	والكالم والمراجع المساحل والمساور والمراكل والمراكل والمراكر	fanale and			11: O 11: 440 07(0)(2) Et 11 0: 44 0 07(0)

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 attachnical with an address.

ICAIATUDE:

2.2- 1888 961-571-2084