

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 09, 1999 8:00 am  
Secretary of State

04-09-1999 90067 049 \*\*\*158.75

DOCUMENT # P97000102698

1. Corporation Name  
HOLD ON TECHNOLOGIES, INC.

Principal Place of Business  
3106 TURKEY CREEK ROAD  
PLANT CITY FL 33567

Mailing Address  
3106 TURKEY CREEK ROAD  
PLANT CITY FL 33567

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
12/03/1997

4. FEI Number  
65-0807576

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business  
21 1840 Kim Acres Ln  
Suite, Apt. #, etc.  
22  
City & State  
23 Dover, Florida  
Zip  
24 33527 25 U.S.A

2a. Mailing Address  
26 1840 Kim Acres Ln  
Suite, Apt. #, etc.  
27  
City & State  
28 Dover, Florida  
Zip  
29 33527 30

9. Name and Address of Current Registered Agent

GRAVA, WILLMAN  
3106 TURKEY CREEK ROAD  
PLANT CITY FL 33567

10. Name and Address of New Registered Agent

81 Name Grava Willman  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 1840 Kim Acres Ln  
84 City Dover FL 85 Zip Code 33527

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 Grava Willman Grava (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME GRAVA, WILLMAN  
STREET ADDRESS 3106 TURKEY CREEK ROAD  
CITY-ST-ZIP PLANT CITY FL 33567

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 P ☒ Change ☐ Addition

1.2 NAME Grava Willman

1.3 STREET ADDRESS 1840 Kim Acres Ln

1.4 CITY-ST-ZIP Dover, Florida 33527-6010

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, with all other like empowered.

SIGNATURE: Grava Willman Grava (813) 643-3439  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0378045

CR2E034 (1/98)