Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90017 007 \*\*\*150.00

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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secre ary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9800004022

1. Corporation Name

THE HOLBY COMPANY

Principal Place of Business		Mailing Address				
2322 SHOREHAM ROAD ORLANDO FL 32803		P.O. BOX 931 WINTER PARK FL 32803				
		WINTER FARE FL 32003				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed
						01/14/1998
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number Applied For Not Applicable
21		26 Suite Apt # ete				Not Applicable \$8.75 A Iditional
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired Fee Required	
City & State		City & State			a Floring Compaign Financing \$5.00 Hz. D.	
23		28			Trust Fund Contribution Added to Fees	
Zip Cour try		Zip Country			8. This corporation owes the current year intangible	
25		29	30	0		Persor al Property Tax.
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered Agent
44450	W AND			81	Name	
AMERILAWYER 343 ALMERIA AVENUE C()RAL GABLES FL 33134				82	Street Ac	dress (P.O. Box Number is Not Acceptable)
				83		
CON	AL CADLES I E 30 104			93		
				84	City	FI 85 Zip Cixde
44 Pureus at to	the provisions of Sections 607 0503	and 607 1508 Florida Statu	es the at	)OVE	-named co	reporation submits this statement for the purpose of changing its registered tion's board of cirectors. I hereby accept the appointment as registered
office or repagent. I am	gistered agent, or both, in the State on the state of the abiligate in familiar with, and accept the obligat	ions of, Section 607.0505, Fl	kirida Statu	tes.	tne corpora	
	Ignature, typed or printed nar ie of registered agen	· —————		Agen	t signature requ	red when reinstating) DATE
12.	OFFICERS ANI	DIRECTORS	13. 1.1 T/T		<del></del>	ADDITIC NS/CHANGES TO OFFICERS / ND DIRECTORS IN 12  Change Addition
1	PD HAWORTH, ROBERT A	□ pcrc≀s	1		}	Grienige
	2322 SHOREHAM ROAD		1.2 NA		ADDRESS	
1	ORLANDO FL 32803					
	STD			1.4 CITY-ST-ZIP		☐ Change ☐ Addition
	HAWORTH, SANDRA J		2.2 NA			
				ADDRESS		
	ORLANDO FL 32803		2. 4 C	2. 4 CITY-ST		
TITLE		☐ DELETE	3.1 TtT	LE		Change Addition
NAME			3.2 NA	ME		
STREET ADDRESS			3.3 ST	REET	ADDRESS	
CITY-ST-ZIP		<del></del>	3.4. CI	TY-S	T-ŻIP	
TITLE		DELETE	4.1 TIT			☐ Change ☐ Addition
NAME		* J. ·	4. 2 N/			
STREET ADDRES 3					ADDRESS	
CITY-ST-ZIP		[] OC: 575	4.4 ClT		-ZIP	☐ Change ☐ Addition
TITLE		☐ DELETE	5.1 TIT 5.2 NA			☐ Change ☐ Addition
NAME					ADDRESS	
STREET ADDRES 3			5.3 \$15 54 CI			
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TIT			Change Addition
					1	

14. I hereby certify that the information supplied with his filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further ce tify that the information indicates 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 any appear in with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE: \_

NAME

STREET ADDRESS CITY-ST-ZIP