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FILED
Sep 23, 1999 8:00 am
Secretary of State

09-23-1999 90005 030 ***550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000026870

1. Corporation Name

HOLIDAY INVESTORS, INC.



Principal Place of Business

1649 SE HOLIDAY RD
PORT ST LUCIE FL 34953

Mailing Address

1649 SE HOLIDAY RD
PORT ST LUCIE FL 34953

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/23/1998

4. FEI Number

65-0829848

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 the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

SIMS, MARILYN
1649 SE HOLIDAY RD
PORT ST LUCIE FL 34953

10. Name and Address of New Registered Agent

81 Name

Chaberd, Dennis

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

1649 SE Holiday Rd

83

84

City Port St. Lucie

FL

85 Zip Code

34952

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 Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME CHABERD, DENNIS
STREET ADDRESS 1649 SE HOLIDAY RD
CITY-ST-ZIP PORT ST LUCIE FL 34953

TITLE SD ☐ DELETE

NAME STEVENS, RICHARD
STREET ADDRESS 3329 PARTRIDGE PARK
CITY-ST-ZIP POLAND OH 44514

TITLE TD ☐ DELETE

NAME SIMS, MARILYN
STREET ADDRESS 7319 RESERVE CREEK DRIVE
CITY-ST-ZIP PORT ST LUCIE FL 34986

TITLE VD ☐ DELETE

NAME BROEG, AL
STREET ADDRESS 2473 SE DELANO RD
CITY-ST-ZIP PORT ST LUCIE FL 34952

TITLE VD ☒ DELETE

NAME ROBERTS, HAL
STREET ADDRESS 2401 DADE RD
CITY-ST-ZIP FT PIERCE FL 34982

TITLE TD ☒ DELETE

NAME SIMS, MARILYN
STREET ADDRESS 1649 SE HOLIDAY RD
CITY-ST-ZIP PORT ST LUCIE FL 34953

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE TD ☐ Change ☒ Addition

1.2 NAME Sims, Tom
1.3 STREET ADDRESS 7319 Reserve Creek Dr
1.4 CITY-ST-ZIP Port St Lucie, FL 34986

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/14/99

Date

541 335-9029

Daytime Phone #

CR2E034 (11/98)

0512489