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

CÓRPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State 1 DIVISION OF CORPORATIONS

1997 **DOCUMENT # S08767**

(3)

HOLLAND SPRING INDUSTRIAL PROPERTIES, INC.

Principal Place of Business Mailing Address PO BOX 690426 PO BOX 690428 ORLANDO FL 32869 ORLANDO FL 32869-0428 3. Date Incorporated or Qualified 3a. Date of Last Report 10/25/1990 03/13/1996 2. Principal Piace of Business 2a. Mailing Address 4. FEI Number Applied For 59-3040085 Not Applicable 21 26 Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 8. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zφ Country Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 25 30 29 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 SCHALEKAMP, JOHANNES M. Sharp, William. M., Sr Street Address (P.O. Box Number is Not Acceptable) **6068 APOPKAMINELAND ROAD** 62 SUITE 7 Sharp, Smith & Harrison, P.A. 83 ORLANDO FL 32619 4830 W. Kennedy Blvd., Suite 630 City Tampa Zip Code 33609 **B4** 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. (NOTE: Registered Agent signature required when reinstating) 12 OFFICERS AND PRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)DELETE Change TOTAL 1.1 TITLE SCHALEKAMP, JOHANNES M. NAME 1.2 NAME CR2E034 6068 APOPKA/VINELAND RD. 1.3 STREET ADDRESS STREET ADDRESS orlando fl 1.4 CiTY-ST-ZiP CHTY - \$1 - Zir DELETE Change Addition TITLE 2 1 TITLE NAM: 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CHY - S1 - ZIP 2.4 CITY-ST-ZIP DELETE Change Addition THE 3.1 TITLE

CITY- 51-20 4.4 CITY - \$T - ZIP DELETE THE 51 TITLE Change Addition NAME. 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CHTY - ST - 7IP DELETE Addition 11¹ LE 61 TITLE 6.2 NAME NAMI 6.3 STREET ADDRESS STREET ADORESS CITY ST-ZE 6.4 CITY-ST-ZIP

32 NAME 3.3 STREET ADDRESS

4.1 TITLE

4. 2 NAME

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

14. I do 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 of 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 change attachment with an address.

SIGNATURE:

NAME

THE

STREET ADDRESS CITY-ST ZIP

STREET ADDRESS

HEQUIRED PED OR PRINTED NAME OF SIGNING O

DELETE

FILED

Apr 15 1997 8:00am

Secretary of State

Change

Addition

0098728