

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

FILED

May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S08767 (3)
1. Corporation Name
HOLLAND SPRING INDUSTRIAL PROPERTIES, INC.

Principal Place of Business
**PO BOX 690428
ORLANDO FL 32869**

Mailing Address
**PO BOX 690428
ORLANDO FL 32869**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/25/1990	
21		26		4. FEI Number 59-3040085	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	29	Zip	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
25	Country	30	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
SHARP, WILLIAM M SR SHARP, SMITH & HARRISON, PA 4830 W KENNEDY BLVD, SUITE 630 TAMPA FL 33609				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				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.

SIGNATURE

Signature, typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	D	11 TITLE		11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHALEKAMP, JOHANNES M.	12 NAME		12 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	8068 APOPKA/VINELAND RD.	13 STREET ADDRESS		13 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	ORLANDO FL	14 CITY-ST-ZIP		14 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		21 TITLE		21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		22 NAME		22 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		23 STREET ADDRESS		23 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP		24 CITY-ST-ZIP		24 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		31 TITLE		31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		32 NAME		32 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		33 STREET ADDRESS		33 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP		34 CITY-ST-ZIP		34 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		41 TITLE		41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		42 NAME		42 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		43 STREET ADDRESS		43 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP		44 CITY-ST-ZIP		44 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		51 TITLE		51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		52 NAME		52 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		53 STREET ADDRESS		53 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP		54 CITY-ST-ZIP		54 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		61 TITLE		61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		62 NAME		62 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		63 STREET ADDRESS		63 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP		64 CITY-ST-ZIP		64 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/98

4/7/98 3:58 PM

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