

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

FILED
Apr 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S23690

(8)

1. Corporation Name

HOLLY PROPERTIES OF FLORIDA, INC.

Principal Place of Business

Mailing Address

50 N LAURA ST
MC 099-0000-1830
JACKSONVILLE FL 32202
US

50 N LAURA ST
MC 099-0000-1830
JACKSONVILLE FL 32202-3664
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 M/C 099-000-0730
23 City & State

26 Suite, Apt. #, etc.
27 M/C 099-000-3255
28 City & State

24 Zip
25 Country

29 Zip
30 Country

3. Date Incorporated or Qualified
01/07/1991

3a. Date of Last Report
05/01/1996

4. FEI Number

59-3045608

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GHOMESHI, MEHDI
50 N LAURA ST
MC 099-0000-1830
JACKSONVILLE FL 32202

81 Name

Gary W. England

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

50 North Laura Street

83

M/C 099-000-0907

84 City

Jacksonville

FL

85 Zip Code

32202

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

Gary W. England

(NOTE: Registered Agent signature required when reinstating)

DATE

4-10-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DSV
NAME MULLINS, ROBERT W
STREET ADDRESS 100 N LAURA ST - MC099-000-0730
CITY-ST-ZIP JACKSONVILLE FL
☒ DELETE

1.1 TITLE DSV
1.2 NAME Wilmot, Michael R
1.3 STREET ADDRESS 50 North Laura Street
1.4 CITY-ST-ZIP Jacksonville, FL 32202
☐ Change ☒ Addition

TITLE DP
NAME GHOMESHI, MEHDI
STREET ADDRESS 50 N LAURA ST
CITY-ST-ZIP JACKSONVILLE FL 32202
☒ DELETE

2.1 TITLE DV
2.2 NAME Cox, Christopher
2.3 STREET ADDRESS 50 North Laura Street
2.4 CITY-ST-ZIP Jacksonville, FL 32202
☐ Change ☒ Addition

TITLE DV
NAME STORY, DEBORAH
STREET ADDRESS 50 N LAURA ST
CITY-ST-ZIP JACKSONVILLE FL 32202
☐ DELETE

3.1 TITLE PD
3.2 NAME Story, Deborah B.
3.3 STREET ADDRESS 50 North Laura Street
3.4 CITY-ST-ZIP Jacksonville, FL 32202
☒ Change ☐ Addition

TITLE DTV
NAME SMALL, LORA
STREET ADDRESS 100 N. LAURA ST. MC:099-0000730
CITY-ST-ZIP JACKSONVILLE FL
☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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 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: *Deborah B. Story* Deborah Story 4/10/97 (904) 791-5719

CR2E034 (9/96)