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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **\$26222**

1. Corporation Name

DWIGHT HOLLOWAY & CO.

_							
Principal Place	e of Business	Mailing Address				,,, 0,0,, 0,0,, 0,0,, 0,	, 20, 20, 20, 142,
763 GRANVILLE DR 763 GRANVILLE DR							
WINTER PARK FL 32789 WINTER PARK FL 32789					DO NOT WRITE IN THIS SPACE		
US US					3. Date Incorporated or Qualifed	113 SFACE	
					01/22/1991		}
* D	1000	2a. Mailing Address			4. FEI Number	An	plied For
	ace of Business	⊢ ¬ -			59-3053665		t Applicable
21	# -A	Suite, Apt. #, etc.			33 3033003	\$8.75 A	
					5. Certifcate of Status Desired	Fee Re	
City & State	<u> </u>	City & State			- 6. Election Campaign Financing	\$5.00	May Be
`	c	28			Trust Fund Contribution	Added to	
Zip	Country	Zip	Country		8. This corporation owes the current year	· Intangible	
24	25	29 30	ו ה ז		Personal Property Tax.		□No
24	9. Name and Address of Current		<u>' </u>		10. Name and Address of New Register	ed Agent	
			81	Name			
HOL	LOWAY, DWIGHT D.		82	D1	(D.O. Boy Number is Not Assentable)		
763 GRANVILLE DR				Street Addr	ress (P.O. Box Number is Not Acceptable)		}
WIN1	TER PARK FL 32789 /		83				
	/ 1/						
			84	City	F	85 Zip C	ode .
44 Purquent	to the provisions of Section 607.056	2 - 41 507 1508 Florida Statutes	the above	e-named corp			registered
office or r	egistered agent, or both, in the State	Florida. Such change was auth	orized by	the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	pointment as req	gistered
agent. I a	m familiar with, and accept the congar	tions of, Section 607.0505, Florida	- Steller es		4/-	Clas	. 1
SIGNATURE	Signature, typee or printed name of redistered agen	and will it applicable (NOTE: Rec	nishered Agen	signature required	d when reinstating) DATE	9/1/	(
12.		D DIRECTOR\$	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	D	DELETE	1, TITLE		U 0	[7] Change	Addition
NAME	HOLLOWAY, DWIGHT D.	/	1/2 NAME) - A	LENAM. HARDWIN	:K	i
STREET ADDRESS	763 GRANVILLE DR		1.3 STREET	7 -	OLS COUNTILLE UK'		i
	WINTER PARK FL		1.4 CITY-S1	1	WINTER PARK, FL. 3	2789	
CITY-ST-ZIP	VIII TO THE TENT OF THE TENT O	☐ DELETE	2.1 TITLE			☐ Change	Addition
	_		2.2 NAME				
NAME			2.3 STREET	ADDRESS			i
STREET ADDRESS	•		2.4 CITY-S				1
CITY-ST-ZIP TITLE	-	□ DELETE	3.1 TITLE	1-21		Change `	☐ Addition
			3.2 NAME				Į
NAME			3.3 STREET	ADODESS			
STREET ADDRESS			3.4. CITY-S	į.			
CITY-ST-ZIP		☐ DELETE	4.1 TITLE	11-21		☐ Change	Addition
TITLE		2 22272	4.2 NAME				_
NAME	,		4.3 STREET	T ADDOCCC			
STREET ADDRESS							
CITY-ST-ZIP	•	☐ DELETE	4.4 CITY-S' 5.1 TITLE	1-21		☐ Change	Addition
TITLE			5.1 THE 5.2 NAME		•	3-	-
NAME			5.3 STREET	LADORESS			
STREET ADDRESS	,		5.4 CITY-S	i		•	ļ
CITY-ST-ZIP		☐ DELETÉ	6.1 TITLE			☐ Change	☐ Addition
TITLE		☐ herese	6.2 NAME			_ 490	
NAME		$\overline{}$	į.	FACODECC			}
STREET ADDRESS		^ }	0.3 SIKEE	FADDRESS			

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 point 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 received 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 attacket of the corporation of the received or trustee empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90089 032 ***150.00