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**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90045 042 \*\*\*150.00

## DOCUMENT # **S32862** 1. Corporation Name

<b>HOLLAND</b>	SPRING	DEVEL	OPMENT	CORPORATION
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Deinois et DI :	o of Business		Mailing Address										
Principal Place	e of Business		Mailing Address										
POB 690428	20000		POB 690428										
ORLANDO FIL S	32009		ORLANDO FL 32869					DO N	OT WRITE	IN TH S	SPACE	Ē	
							1	Ir corporated or 18/1991	Qualifed				
2. Principal P	Place of Business		2a. Mailing Address		-		4. FEI N	Number				App	ied For
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Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5 Certif	fcate of Status D	esired [		•		Iditional
22			27				J. 00111			<del>-</del> 	Fe	ee Rec	uired 
City & S at	te		City & State				1	io i Campaign Fi					lay Be
23			28					Fund Contribution	n			ded to	Fees
Zip	Cour	itry	Zip		untry		1 '	corporation owes		year Inta	ingible ☐ Yes		JNo
24	25		29 Basistered Asset	30	T		_	onal Property Tar e and Address		istere 1 A			-1140
<del></del>	9. Name and Add	ess of Current	Registered Agent		81	Name	IV. Nam	e allu Address	or received	natere a A	·gent_		
SHA	RP, WILLIAM M.												
	W. KENNEDY BLY	/D			82	Street Addr	ress (P.O. B	ox Number is No	t Acceptable	9)			
	. 745	-			83							<del>.</del>	
	IPA FL 33609				3								
,, 14					84	City				FL	85	Zip C	ide
11 Pursuant	to the provisions of Se	ctions 607.0502	and 607.1508, Florida Statu	es, the a	L L.	named corp	oration subr	nits this statemer	t for the pu	roose of o	changir	ng its r	gistered
office or r	registered agent, or bo	the in the State of	f Florida. Such change was	authorized	d by th	ne corporatio	on's board of	f cirectors. I here	by accept the	ne appoin	tment	as regi	stered
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CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated it. 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 or derivative that I am an officer or director of the corporation or the ecenter of trustee empowered to execute this report as recuired by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment of the corporation or the ecenter of trustee empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRE 3S

D NAME OF SIGNING OFFICE! OR DIRECTOR