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

**PROFIT** Mar 02 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # TOM HOLLAND, INC. Principal Place of Business Maiting Address 523 4TH AVENUE SOUTHWEST 523 4TH AVENUE SOUTHWEST **LARGO FL 34640 LARGO FL 34640** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/21/1992 2. Principal Place of Business 2a. Mailing Address 4, FEI Number Applied For 26 59-3105882 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year latengible 24 25 29 Personal Property Tax due June 30. Yes Yes 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HOLLAND, TOM **523 4TH AVENUE SOUTHWEST** Street Address (P.O. Box Number is Not Acceptable) **LARGO FL 34640** 83 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 title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETÉ TITI F 1.1 TITLE ☐ Change Addition HOLLAND, TOM NAME 1.2 NAME 523 4TH AVENUE S.W. STREET ADDRESS 1.3 STREET ADDRESS LARGO FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DVS DELETE Addition TITLE 2.1 TITLE Change HOLLAND, KAREN NAME 2.2 NAME 523 4TH AVE., S.W. STREET ADDRESS 2.3 STREET ADDRESS LARGO FL CITY-ST-ZIP 2.4 City-St-ZIP DELETE TITLE 3.1 TITLE Change ■ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE ☐ Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE Change 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 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 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

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Block 12 or Block 13 if changed, or on an attachment with an address.

**FILED**