

URGENT NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

FILED
May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT ~~1995~~ 1997

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

DOCUMENT # **V15564** (0)
 1. Corporation Name
THE MOLE HOLE OF THE ISLANDS, INC.



Principal Place of Business Mailing Address

~~1551 PERIWINKLE WAY
 SANIBEL FL 33957~~ ~~1551 PERIWINKLE WAY
 SANIBEL FL 33957~~

| | | | |
|---|------------------------|--|--------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 21 2055 Periwinkle Way | 25 2055 Periwinkle Way | 02/20/1992 | 07/19/1995 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 4. FEI Number | Applied For |
| 22 # 5 | 27 # 5 | 65-0285614 | Not Applicable |
| City & State | City & State | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 26 Sanibel, FL | 28 Sanibel, FL | <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| Zip | Country | 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> |
| 24 33957 | 25 USA | 29 33957 | 30 USA |
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |

9. Name and Address of Current Registered Agent

ROLLINGS, MARIA
1551 PERIWINKLE WAY
SANIBEL FL 33957

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 2055 Periwinkle Way
 83
 84 City Sanibel FL 85 Zip Code 33957

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) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------------------|---|--|
| TITLE | OPV <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ROLLINGS, MARIA | 1.2 NAME | |
| STREET ADDRESS | 1551 PERIWINKLE WAY | 1.3 STREET ADDRESS | 2055 Periwinkle Way |
| CITY-ST-ZIP | SANIBEL FL | 1.4 CITY-ST-ZIP | Sanibel FL 33957 |
| TITLE | S <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ROLLINGS, MARIA | 2.2 NAME | |
| STREET ADDRESS | 1551 PERIWINKLE WAY | 2.3 STREET ADDRESS | 2055 Periwinkle Way |
| CITY-ST-ZIP | SANIBEL FL | 2.4 CITY-ST-ZIP | Sanibel FL 33957 |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | 400002186054 |
| STREET ADDRESS | | 6.3 STREET ADDRESS | -05/21/97--01008--027 |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | ***165.00 |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Maria W. Rollings* 4/27/97 941-489-2272
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
MARIA W. ROLLINGS

CR2E034 (3/96)