

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



OFFICE OF REVENUE
TAXES AND FEES
TALLAHASSEE, FLORIDA 32399-0001

DOCUMENT # **V34705**

(6)

FLORIDA HOLIDAY HOMES, INC.

5/11/95 11:55

TALLAHASSEE, FLORIDA

2. Principal Office (City and State) 2033 1/2 EASTBOURNE WAY ORLANDO FL 32812		2a. Mailing Address 2033 1/2 EASTBOURNE WAY ORLANDO FL 32812		3. Date of Incorporation (Month/Day/Year) 05/07/1992		3a. Date of Last Report 04/08/1994	
21. Principal Office (City and State) 5116 76th ST EAST BLADENTON FL 34203		2a. Mailing Address 7282 55th AVE EAST #162 BLADENTON FL 34203		4. FLE Number 59-3122900		☐ Assessed For ☐ Not Applicable	
22. State of Florida FL		27. State of Florida FL		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23. City and State BLADENTON FL		28. City and State BLADENTON FL		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24. FLE Number FL 34203		29. FLE Number FL 34203		8. The corporation is a subsidiary of another corporation, partnership, or other entity? ☒ Yes ☐ No			

9. Name and Address of Current Registered Agent MASTER, J. WILLIAM 5142 CURRY FORD ROAD ORLANDO FL 32812				10. Name and Address of New Registered Agent			
				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City			
				85. State FL			

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above named corporation is a corporation organized under the laws of the State of Florida, and that the above named corporation is a corporation organized under the laws of the State of Florida, and that the above named corporation is a corporation organized under the laws of the State of Florida.

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS, DIRECTORS, AND OTHER PERSONS	
NAME D STOCKDALE, DAVID BRENT ADDRESS 2033 1/2 EASTBOURNE WAY 5116 76th ST EAST ORLANDO FL 34203		NAME D STOCKDALE, WENDY ADDRESS 2033 1/2 EASTBOURNE WAY 5116 76th ST EAST ORLANDO FL 34203	
NAME		NAME	
ADDRESS		ADDRESS	
NAME		NAME	
ADDRESS		ADDRESS	
NAME		NAME	
ADDRESS		ADDRESS	
NAME		NAME	
ADDRESS		ADDRESS	
NAME		NAME	
ADDRESS		ADDRESS	
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14. I, the undersigned, certify that the information supplied with this report is true and correct, and that the undersigned is a resident of the State of Florida, and that the undersigned is a resident of the State of Florida, and that the undersigned is a resident of the State of Florida.

SIGNATURE: *Wendy Stockdale* *Wendy Stockdale* 4/27/95 (513)-756-4880