

2016 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000002064

Entity Name: WHOLLY HIS, INC.**Current Principal Place of Business:**14276 SR 51
LIVE OAK, FL 32060**Current Mailing Address:**PO BOX 1390
LIVE OAK, FL 32064**FEI Number: 81-0481580****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RODENIZER, JULIE
14276 SR 51
LIVE OAK, FL 32060 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	CP
Name	RHODENIZER, CARL GJR
Address	PO BOX 1390
City-State-Zip:	LIVE OAK FL 32064

Title	VCST
Name	RHODENIZER, JULIE S
Address	PO BOX 1390
City-State-Zip:	LIVE OAK FL 32064

Title	D
Name	CONATSER, JAY R
Address	3918 SCR 1200
City-State-Zip:	MIDLAND TX 79706

Title	D
Name	GREEN, WILLIAM L
Address	341 ALPINE VILLAGE RD
City-State-Zip:	RUIDOSO NM 88345

Title	D
Name	RHODENIZER, CARL G
Address	5402 AHYOKA DR
City-State-Zip:	LAKE CITY GA 30260

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JULIE RHODENIZER**VCST****01/13/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date