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Feb 12, 1999 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02-12-1999 90009 013 *****61.25

DOCUMENT # 714597

1. Corporation Name

HOLLYBROOK HOMES, INC.

Principal Place of Business

104 KING STREET
JACKSONVILLE FL 32204-2426

Mailing Address

104 KING STREET
JACKSONVILLE FL 32204-2426



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

05/15/1968

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

59-1210087

Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM
FIRST FLORIDA BANK BLDG.
SUITE 420
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Frank V. Marshall*
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 PD DELETE

NAME MARSHALL, FRANK
STREET ADDRESS 2730 W EDGEWOOD AVE
CITY-ST-ZIP JACKSONVILLE FL

1.1 TITLE Change Addition

TITLE VD DELETE

NAME WOOLSEY, FRED
STREET ADDRESS 1145 GROVE PARK BLVD
CITY-ST-ZIP JACKSONVILLE FL

2.1 TITLE Change Addition

TITLE SD DELETE

NAME HUFF, ROLAND
STREET ADDRESS 13651 MYRCIA CT
CITY-ST-ZIP JACKSONVILLE FL 32224

3.1 TITLE Change Addition

TITLE TD DELETE

NAME MCINTOSH, CARLOTTA
STREET ADDRESS 7051 ALAN AVE
CITY-ST-ZIP JACKSONVILLE FL 32208

4.1 TITLE Change Addition

TITLE A DELETE

NAME GEE, KAREY E L
STREET ADDRESS 104 KING STREET
CITY-ST-ZIP JACKSONVILLE FL

5.1 TITLE Change Addition

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Frank V. Marshall* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)