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PROFIT CORPORATION ANNUAL REPORT

1997

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

Apr 30 1997 8:00am

Secretary of State

DOCUMENT # 256300

(5)

JACQUELINE HOLMES & ASSOCIATES, INC.

Principal Place of Business Mailing Address 1253 SOUTHSHORE DR 1253 SOUTHSHORE DR **ORANGE PARK FL 82073 ORANGE PARK FL 32073** 3. Date Incorporated or Qualified 3a. Date of Last Report 06/01/1962 04/23/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1010706 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Ζp Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032, 24 25 ☐ Yes ☐ No **Florida Statutes** 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HOLMES, JACQUELINE B 1253 SOUTHSHORE DR 82 Street Address (P.O. Box Number is Not Acceptable) **ORANGE PARK FL 32073** 83 **84** City 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, it am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agout and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 96/6) DELETE TITLE 1.1 TITLE Change Addition HOLMES, JACQUELINE B NAME 1.2 NAME 1253 SOUTHSHORE DR STREET ADDRESS 1.3 STREET ADDRESS ORANGE PARK, FL 00000 ラスクイラ CITY-ST-ZIP 1.4 CITY - ST - 7IP DELETE TITLE 2,1 TITLE Change Addition DRAKE, ELIZABETH B. M. NAME 2.2 NAME 31 RUSSELL ST. STREET ADDRESS 2.3 STREET ADDRESS WINOOSKI, VT 0540 4 CITY-ST-ZIP 2.4 CITY - ST - ZIP DELETE TITLE 3.1 TITLE ☐ Change Addition PINCKNEY, HELEN C. NAME 3.2 NAME STREET ADDRESS 3014 FOREST PARK RD. 3.3 STREET ADDRESS CHARLOTTE NC 28209 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE Change Addition 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **53 STREET ADDRESS** CITY-ST-ZIP 54 CITY-ST-ZIP DELETE TITLE Change 61 TITLE Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Soction 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 Block 12 or Block 13 if changed, or on an attachment it is an address.

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