SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/1/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 19 AM 11:38

DOCUMENT # **760502** **(5)**

1. Corporation Name

HOLMES FOUNDATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O ROBERT HOLMES, JR. ~~ONE HUNTING LODGE COURT~~ 433 122 St ~~MIAMI SPRINGS FL 33166~~ 433 122 St Ocean Marathon Fl 33050	C/O ROBERT HOLMES, JR. ~~ONE HUNTING LODGE COURT~~ 433 122 St ~~MIAMI SPRINGS FL 33166~~ 433 122 St Ocean Marathon Fl 33050

3. Date Incorporated or Qualified: 10/20/1981
3a. Date of Last Report: 05/11/1994
4. FEI Number: 59-2131471 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

HOLMES, ROBERT JR.
~~ONE HUNTING LODGE COURT~~ 433 122 St Ocean
~~MIAMI SPRINGS FL 33166~~ Marathon Fl 33050

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City **FL** 65 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 _____ DATE
Signature, typed or printed name of registered agent and the # applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TAD	11 TITLE	☐ Change ☐ Addition
NAME	HOLMES, MARJORY A	12 NAME	
STREET ADDRESS	~~1 HUNTING LODGE CT~~ 433 122 St Ocean	13 STREET ADDRESS	
CITY-ST-ZIP	~~MIAMI SPRINGS, FL 33166~~ Marathon Fl 33050	14 CITY-ST-ZIP	
TITLE	TPD	21 TITLE	☐ Change ☐ Addition
NAME	HOLMES, ROBERT JR	22 NAME	
STREET ADDRESS	~~1 HUNTING LODGE CT~~ 433 122 St Ocean	23 STREET ADDRESS	
CITY-ST-ZIP	~~MIAMI SPRINGS, FL 33166~~ Marathon Fl 33050	24 CITY-ST-ZIP	
TITLE	TTD	31 TITLE	☐ Change ☐ Addition
NAME	HOLMES, THOMAS E	32 NAME	
STREET ADDRESS	~~1 HUNTING LODGE CT~~ 433 122 St Ocean	33 STREET ADDRESS	
CITY-ST-ZIP	~~MIAMI SPRINGS, FL 33166~~ Marathon Fl 33050	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	MAGALLON, FILIPE S.	42 NAME	
STREET ADDRESS	BURGOS ST. SANTA BARBARA	43 STREET ADDRESS	
CITY-ST-ZIP	ILOILO, PHILIPPINES	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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 added to the report with an address.

SIGNATURE: _____ _____ _____
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR — Date — Daytime Phone #

0008984

CR2E037 (3/95)