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FILED
May 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **F24446** (9)
1. Corporation Name
R. EDWARD HOLMES CORPORATION

Principal Place of Business
**1150 THRUSH AVENUE
MIAMI SPRINGS FL 33166-3151
US**

Mailing Address
**P O BOX 66-1111
MIAMI SPRINGS FL 33266-1111
US**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified
03/31/1981

3a. Date of Last Report
05/01/1996

4. FEI Number

59-2168455

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes



Yes



No

9. Name and Address of Current Registered Agent

**ANDERSON, KEVIN A
39 E 6TH ST
HIALEAH FL 33010**

10. Name and Address of New Registered Agent

81 Name
R. Edward Holmes

82 Street Address (P.O. Box Number is Not Acceptable)
1150 Thrush Avenue

83

84 City
Miami Springs

FL

85 Zip Code
33166

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. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

R. Edward Holmes
Signature, typed or printed name of registered agent and title, if applicable

R. Edward Holmes

5/1/97
DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
HOLMES, JEAN A.
1150 THRUSH AVE
MIAMI SPRINGS FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
HOLMES, JAMES A.
1150 THRUSH AVE
MIAMI SPGS, FL 00000**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
HOLMES, R. EDWARD
1150 THRUSH AVE
MIAMI SPGS, FL 00000**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
HOLMES, JOHN A.
1150 THRUSH AVE
MIAMI SPRINGS FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**STD
HOLMES, MARYANNE W.
1150 THRUSH AVE
MIAMI SPRINGS FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

R. Edward Holmes

R. Edward Holmes, President

5/1/97 (305) 225-3934

CR2E034 (9/96)