

DOCUMENT # G65727

1. Entity Name  
D.B. HOLMES CONSTRUCTION CO., INC.

Principal Place of Business  
205-2 CESSNA BLVD  
DAYTONA BEACH FL 32124

Mailing Address  
205-2 CESSNA BLVD  
DAYTONA BEACH FL 32124

2. Principal Place of Business  
2229 TURNBULL BAY RD  
Suite, Apt. #, etc.

3. Mailing Address  
P.O. BOX 728  
Suite, Apt. #, etc.

City & State  
NEW SMYRNA BEACH, FL

City & State  
NEW SMYRNA BEACH, FL

Zip  
32168

Country  
USA

Zip  
32170

Country  
USA

FILED  
Jan 11, 2001 8:00 am  
Secretary of State

01-11-2001 90047 016 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2372453 Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
LEA, BERNIECE M  
2229 TURNBULL BAY RD  
DAYTONA BEACH FL 32124  
NEW SMYRNA BEACH, FL 32168

7. Name and Address of New Registered Agent  
Name  
LEA, BERNIECE M.  
Street Address (P.O. Box Number is Not Acceptable)  
2229 TURNBULL BAY RD  
City  
NEW SMYRNA BEACH, FL  
Zip Code  
32170

8. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐ FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME ST LEA, BERNIECE M STREET ADDRESS 205-2 CESSNA BLVD CITY-ST-ZIP DAYTONA BEACH FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 2229 TURNBULL BAY RD NEW SMYRNA BEACH, FL 32168	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME P LONG, DENNIS L. STREET ADDRESS 205-2 CESSNA BLVD CITY-ST-ZIP DAYTONA BEACH FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 2229 TURNBULL BAY RD NEW SMYRNA BEACH, FL 32168	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Berniece M Lea, ST 1/8/01 904-426-2325  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
BERNIECE M. LEA

CR2E034 (10/00)