## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**DOCUMENT # J98181** H.O. BROOME, INC Principal Place of Business Mailing Address 4102 CRILL AVE. 4102 CRILL AVE. PALATKA FL 32177-8558 PALATKA FL 32177 3. Date Incorporated or Qualified 3a. Date of Last Report 10/19/1987 03/28/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-2857157 Not Applicable 26 Suite, Apt. #. etc Suite, Apt. #, cto \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City 8 State 6. Election Campaign Financing \$5.00 May Be Г 23 28 Trust Fund Contribution Added to Fees Country Country Zιρ 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BROOME, HORACE O 4102 CRILL AVE. Street Address (P.O. Box Number is Not Acceptable) PALATKA FL 32177 вз 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 for 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 from familiar with and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Superhore, typic 3 or proded name of registered agent and tole if applicable (NOTE: Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 12. DELETE Change \_\_\_ Addition THE 1.1 TITLE BROOME, HORACE O. 1.2 NAME R2E034 NAME RT. 4, BOX 1706 N/A 1.3 STREET ADDRESS STREET ADDRESS PALATKA, FL 32077 1.4 CITY-ST-ZIP C-17 - ST 24P Change Addition DELETE SVD 2.1 TITLE 7:T1£ MORRIS, JOE T. 2.2 NAME NAV: P.O. BOX 97 N/A STREET ADDRESS. 2.3 STREET ADORESS SATSUMA FL 2 4 CITY-ST-ZIP CHY-SI DELETE Change Addition 3.1 TITLE Till, F 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CHY SI 3 4. CITY - ST - ZIP Change DELETE Addition 4.1 TITLE TILL 4. 2 NAVE NAME 4.3 STREET ADDRESS STREET AFORESS 4.4 CITY - \$1 - ZIP OTY-51-26 ☐ DELE16 5.1 TITLE Change Addition THEF 5.2 NAME NAME 5.3 STREET ADDRESS STREET AUGMENS 5.4 CITY-ST-ZIP 0.9 (-81 - 20) DELETE 6.1 TITLE ☐ Change Addition 6.2 NAME NAM: 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP CHIY-SI-ZIP 14. I do hereby certify that the information supplied with this f, ing 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

SIGNATURE:

appears in Block 12 or Wol

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIFFECTOR

13 if changed, or on an attachment with

Daytime Phone #

**FILED** 

Feb 24 1997 8:00am

Secretary of State