FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State
04-20-1999 90261 003 ***150.00

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DOCUMENT # L59907

1. Corporation Name
HOLMES COMMUNICATIONS, INC.

Principal Place of Business	Mailing Address
% JACK HOLMES 941 NE 19 AVE.. #212 FT. LAUDERDALE FL 33304	% JACK HOLMES 941 NE 19 AVE.. #212 FT. LAUDERDALE FL 33304

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 03/19/1990

2. Principal Place of Business	2a. Mailing Address
21 148 OVIEDO STREET	26 148 OVIEDO STR.
Suite, Apt. #, etc.: 22	Suite, Apt. #, etc.: 27
City & State: 23 ST. AUGUSTINE, FL	City & State: 28 ST. AUGUSTINE, FL
Zip: 24 32084 Country: 25 ST. JOHNS	Zip: 29 32084 Country: 30 ST. JOHNS

4. FEI Number: 65-0182133 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HOLMES, JACK 941 NE 19 AVENUE #212 FT. LAUDERDALE FL 33304	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 148 OVIEDO STREET 83 84 City: ST. AUGUSTINE FL 85 Zip Code: 32084

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	HOLMES, JACK		1.2 NAME	
STREET ADDRESS	941 N.E. 19 AVE #212		1.3 STREET ADDRESS	142 SOUTHWIND CIRCLE
CITY-ST-ZIP	FT LAUDERDALE FL		1.4 CITY-ST-ZIP	ST. AUGUSTINE, FL 32084
TITLE	ST	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	HOLMES, DEONA		2.2 NAME	
STREET ADDRESS	941 N.E. 19 AVE. #212		2.3 STREET ADDRESS	142 SOUTHWIND CIRCLE
CITY-ST-ZIP	FT. LAUDERDALE FL		2.4 CITY-ST-ZIP	ST. AUGUSTINE, FL 32084
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: Deona Holmes SIGNATURE REQUIRED DEONA HOLMES 4-13-99 904-823-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #