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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # SCOTT J. HOLMES BUILDING, INC.

(0)

**FILED** Mar 25 1998 8:00am Secretary of State



| Principal Place of Business Mailing Address   |   |                                       |                        |   |  | 1 10011031 001 10F0# 11110 10100 11184 F        | INI BINIK NINI | ALBIT BIBIT BIX | H 81911 1881  |  |
|---|---|---------------------------------------|------------------------|---|--|---|----------------|-----------------|---------------|--|
| 9 NE LOFTING WAY PO BOX 2804  |   |                                       |                        |   |  |   |                |                 |               |  |
| Stuart FL 3<br>  US   | 34996   |                                       | JENSEN BEACH FL 34958  |   |  |   |                |                 |               |  |
| US  |   | US                                    |                        |   |  | DO NOT WRITI                                    | E IN THIS S    | SPACE           |               |  |
|   |   |                                       |                        |   |  | 3. Date Incorporated or Qualified 06/27/1990    |                |                 |               |  |
| 2. Principal P  | Place of Business                               | 2a. Mailing Add                       | lress                  |   |  | 4. FEI Number                                   |                | Ar              | pplied For    |  |
| 21  |   | 26                                    |                        |   |  | 65-0257685                                      |                | No              | ot Applicable |  |
| Suite, Apt.   | #, etc  | Suite, Apt                            | , etc.                 |   |  | 5. Certificate of Status Desired                |                |                 | Additional    |  |
| 22  |   | 27]                                   |                        |   |  |   |                | Fee Re          | equired       |  |
| City & Stat   | Ð   | <u></u>                               | City & State           |   |  | 6. Election Campaign Financing \$5.00 May Be    |                |                 |               |  |
| Zip   | Country   | 28                                    | Zip Country            |   |  | Trust Fund Contribution                         |                |                 |               |  |
| 24  | 25 29 30  |                                       |                        | . This corporation owes of has paid the current year intangible |  |   |                |                 |               |  |
|   | 9. Name and Address of Current Registered Agent |                                       |                        | Γ   | Personal Property Tax due June 30. Li Yes Li No.  10. Name and Address of New Registered Agent |   |                |                 |               |  |
| НО  | LMES, SCOTT J                                   |                                       |                        | 81  | Name   | 10, Haille and Address of New Registered Agents |                |                 |               |  |
| 681 SW LIGHTHOUSE DR  |   |                                       |                        |   |  |   |                |                 |               |  |
|   | LM CITY FL 34990                                |                                       |                        |   | Street Addres  | s (P.O. Box Number is Not Acceptal              | ble)           |                 |               |  |
|   |   |                                       |                        | 83  |  |   |                |                 |               |  |
|   |   |                                       |                        | 84  | City   |   | FL             | <b>85</b> Zip ( | Code          |  |
| 11 Pursuant to the provisions of Sections 607 0502 and 607 1508 Florida Statutes the above period correction with this above to the charge of |   |                                       |                        |   |  |   |                |                 |               |  |
| 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   |   |                                       |                        |   |  |   |                |                 |               |  |
| Signature, typed or printed name of registered agent and title if applicable (NOTE: Re  |   |                                       |                        |   | ni signalure required  |   | DATE           |                 |               |  |
| 12.<br>TITLE  | OFFIC   | CERS AND DIRECTORS                    | 13.                    |   |  | ADDITIONS/CHANGES TO OFFICE                     | CERS AND       |                 |               |  |
| NAME  | HOLMES, SCOTT                                   |                                       | ELETE 1.1 TI           |   |  |   |                | Change          | Addition      |  |
|   | 9 NE LOFTING WAY                                |                                       | 1.2 N/                 |   |  |   |                |                 |               |  |
| STREET ADDRESS  | SEWALLS POINT FL                                |                                       |                        |   | ADDRESS  |   |                |                 | <b>!</b> !    |  |
| CITY-ST-ZIP<br>TITLE  | 0011110010111111                                | — — — — — — — — — — — — — — — — — — — | 1.4 CF<br>ELETE 2.1 TH | IY- ST  | - ZIP  |   |                | Change          | Addition      |  |
| NAME  |   | ۷ لسا                                 | 2.2 N/                 |   | ŀ  |   |                | unange          | ☐ Addition    |  |
| STREET ADDRESS  |   |                                       |                        |   | ADDRESS  |   |                |                 |               |  |
| CITY-ST-ZIP   |   |                                       |                        |   |  |   |                |                 |               |  |
| TITLE   |   | Пр                                    | 2.4 C<br>ELETE 3.1 TII |   | 1-214  |   |                | Change          | Addition      |  |
| NAME  |   |                                       | 3.2 NA                 |   | İ  |   |                | Onungo          | Addition      |  |
| STREET ADDRESS  |   |                                       |                        |   | ADDRESS  |   |                |                 |               |  |
| CITY-ST-ZIP   |   |                                       |                        | TY-ST   |  |   |                |                 |               |  |
| TITLE   |   | □ D                                   |                        |   |  |   |                | Change          | ☐ Addition    |  |
| NAME  |   |                                       | 4.2 N                  |   |  |   |                |                 |               |  |
| STREET ADDRESS  |   |                                       |                        |   | ADDRESS  |   |                |                 |               |  |
| CITY-ST-ZIP   |   |                                       |                        | ry-st-  |  |   |                |                 |               |  |
| TITLE   |   | D                                     | ELETE 5.1 TIT          |   |  |   |                | Change          | Addition      |  |
| NAME  |   |                                       | 5.2 NA                 | ME  | -  |   |                |                 |               |  |
| STREET ADDRESS  |   |                                       | 5.3 ST                 | REET A  | ADDRESS  |   |                |                 |               |  |
| CITY-ST-ZIP   |   |                                       | 5.4 CIT                | Y-ST-   | -ZIP   |   |                |                 |               |  |
| TITLE   |   | □ D                                   |                        |   | "  |   |                | Change          | Addition      |  |
| NAME  |   |                                       | 6.2 NA                 | ME  |  |   |                |                 |               |  |
| STREET ADDRESS  |   |                                       | 6.3 ST                 | REET A  | NDORESS  |   |                |                 | 1             |  |
| CITY-ST-ZIP   |   |                                       | 6.4 CIT                | Y-ST-   | -ZIP   |   |                |                 |               |  |
|   |   |                                       |                        |   |  |   |                |                 |               |  |

thereby 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 object of 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 oddress.

561-220-4780