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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **FILED** May 10, 1999 8:00 am Secretary of State

05-10-1999 90071 032 \*\*\*150.00

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Corporation Name

HOLSE	BROOK CUSTOM WOOD R	EFINISHING, INC.						
Principal Place	e of Business	Mailing Address				T 10011011 BIO IDIEM INERI MIRBE MIIDE EEDE D	1811 WIBH WIBH 11811 8	#811 81811 1881
5156 SHADOWL	AWN-AVF	5156 SHADOWLAWN AVE						
TAMPA FL 33610 TAMPA FL 33610								
US		US				DO NOT WRITE IN T	HIS SPACE	
						3. Date Incorporated or Qualifed		
1						09/11/1990		
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number	Ap	plied For
21	-	26				59-3032369	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					<b>\$8.75</b> /	Additional
22		27				5. Certificate of Status Desired	Fee Re	quired
City & State	e	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added t	
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year	r Intangible	
24	25	29	30			Personal Property Tax.	Yes	□No
	9. Name and Address of Curren					10. Name and Address of New Registe	red Agent	
				81	Name	W-F		
HOL	SEYBROOK, EUGENE A.				0	duran (D.O. Carriblander in Not Accordable)		
5156	S SHADOWLAWN AVE			82	Street Add	dress (P.O. Box Number is Not Acceptable)		1
TAM	PA FL 33610			83				
ĺ				84	City		FL  85   Zip (	Code
11.5	1 007.050	O LOOT 1509 Florido Ctatut			named so			registered
i 11. Pursuant	to the provisions of Sections 607.050.	∠ 200 bu/, 1500, rionua Siaiuii	וס, עווי כס		namegi coi	ipolation additing this statement for the purpos	prointment as re-	nietorod
office or r	egistered agent, or both, in the State	of Florida. Such change was a	uthefized	by th	ne comporat	tion's board of directors. I hereby accept the a	pholiumetir as ic	gistered )
office or n agent. I a	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was a tions of, Section 60 0505, Flor	uthefized riga Statu	by thutes.	ne corporal	rporation submits this statement for the purpos tion's board of directors. I hereby accept the a		gistered
office or n agent. I a	alleme a	- AMMO ON I	1111	9/		T/2	497	gistered
SIGNATURE	Signature, typed of privided name of registered ager	nt and title if applicable. Of the TE	Register	9/		ired when reinstating) DAT	497	
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CITY-ST-ZIP 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CR2E034 (11/98)

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