CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		M	FILED Mar 01, 1999 8:00 an Secretary of State 03-01-1999 90053 020 ****61.25		
COCUMENT # N950 Corporation Name HOLLYBROOK RESIDENT ASS		63					
Place of Business	Mailing Ad	ddress					
+ KING ST CKSONVILLE FL 32204	104 KING JACKSON	ST VILLE FL 32204					
Principal Place of Business	2a. Mailing	g Address		3. Date Incorporated 08/17/1995	or Qualifed	<u> </u>	
Suite, Apt. #, etc.	26	Apt. #, etc.		4-FEI Number		Арр	lied For
City P. Stata	27 City &	State		NOT APPLIC	BLE	88.75 Ad	Applicable
City & State	28			5. Certifcate of Statu	s Desired	Fee Req	
Zip Country	Zip	Г.	Country 30	6. Election Campaig Trust Fund Contril	-	\$5.00 N Added to	
25 9. Name and Address of				10. Name and Addre	ss of New Registered		
			81 Name	EdNA Brown	1	\times	
FUDGE, LINDA M			82 Street	Address (P.O. Box Number is			1 -
104 KING ST #49			83		- 		
JACKSONVILLE FL 32204			84 City	ACKSONUILLE	FL	85 Zip Co	ode Do <i>ll</i>
						changing its p	×09
Pursuant to the provisions of Sections of office or registered agent, or both, in th agent. I am familiar with, and accept the Edn A Drwn Signature, typed or printed name of regi	e State of Florida. Such e obligations of, Section - President stered agent and title if applicable	h change was au n 617.0503, Flori le. (NOTE: I	s, the above-named thorized by the corp da Statutos.	corporation submits this state oration's board of directors. I w required when reinstating)	ment for the purpose of hereby accept the appoin 0 1-14- DATE	-99	Istereo
office or registered agent, or both, in th agent. I am familiar with, and accept the Edn A Brown Signeture, typed or printed name of regis OFFIC	e State of Florida. Such e obligations of, Section	h change was au n 617.0503, Flori le. (NOTE: I	s, the above-named thorized by the corp ida Statutes.	corporation submits this state oration's board of directors. I I required when reinstating) ADDITIONS/CHAN	ment for the purpose of hereby accept the appoint	-99	
office or registered agent, or both, in th agent. I am familiar with, and accept th Envaluate <u>Edn A Brown</u> Signature, typed or printed name of regi	e State of Florida. Such e obligations of, Section - President stered agent and title if applicable	h change was au n 617.0503, Flori He. (NOTE: I	s, the above-named thorized by the corp da Statutes.	corporation submits this state oration's board of directors. If www.www. required when reinstating) ADDITIONS/CHAN PD Column Brown	ment for the purpose of hereby accept the appoin 0 - 14 DATE GES TO OFFICERS AN	-99 ID DIRECTOR	RS IN 12
office or registered agent, or both, in the agent. I am familiar with, and accept the Signature, typed or printed name of regist OFFICE PD BROWN, ELNA 104 KING ST APT 103	e State of Florida. Such e obligations of, Section — TRS Section elered agent and the if applicabl ERS AND DIRECTORS	h change was au n 617.0503, Flori He. (NOTE: I	s, the above-named thorized by the corp ida Statutes. Registered Agent signature 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS	Corporation submits this state oration's board of directors. If Required when reinstating) ADDITIONS/CHAN PD EdNA Brown /04 King St # //	ment for the purpose of hereby accept the appoin O 1-14- DATE GES TO OFFICERS AN	- 99 ID DIRECTOR	RS IN 12
office or registered agent, or both, in the agent. I am familiar with, and accept the Signature, typed or printed name of regin OFFICI PD BROWN, ELNA 104 KING ST APT 103 ST 21P	e State of Florida. Such e obligations of, Section — TRS Section elered agent and the if applicabl ERS AND DIRECTORS	h change was au n 617.0503, Flori He. (NOTE: I	s, the above-named thorized by the corp ida Statutes. Registered Agent signature 13. 1.1 TITLE 12 NAME	corporation submits this state oration's board of directors. If www.www. required when reinstating) ADDITIONS/CHAN PD EdNA Brown /04 King St #/10 JACK2001/112	ment for the purpose of hereby accept the appoin 0 - 14 DATE GES TO OFFICERS AN	- 99 ID DIRECTOR	RS IN 12
office or registered agent, or both, in th agent. I am familiar with, and accept the Signature, typed or printed name of regin OFFICI PD BROWN, ELNA 104 KING ST APT 103 ST 2IP TT HOGAN, YVONNE	e State of Florida. Such e obligations of, Section — TRS Section elered agent and the if applicabl ERS AND DIRECTORS	h change was au n 617.0503, Flori le. (NOTE T S DELETE	s, the above-named thorized by the corp ida Statutes. Registered Agent signature 13. 1.1 ITILE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 ITILE 2.2 NAME	corporation submits this state oration's board of directors. If Manual Manual Manual ADDITIONS/CHAN PD EdNA Brown /04 King St #/10 JACK20011/12, TT 4 Vonne Hogan	Ment for the purpose of hereby accept the appoin DI-14- DATE GES TO OFFICERS AN D3 Fla · 32204	- 99 ID DIRECTOR	RS IN 12
office or registered agent, or both, in th agent. I am familiar with, and accept the Signature, typed or printed name of regin OFFICI PD BROWN, ELNA 104 KING ST APT 103 ST 21P I AUBRICSI 104 KING ST APT 119_	e State of Florida. Sucto e obligations of, Section <u>F PRS: Jones</u> stered agent and title if applicable ERS AND DIRECTORS	h change was au n 617.0503, Flori le. (NOTE T S DELETE	s, the above-named thorized by the corp da Statute. Registered Agent algnature 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	corporation submits this state oration's board of directors. If M X required when reinstating) ADDITIONS/CHAN FD EdNA Brown /04 King St. F. JACK30nuille TT Y Vonne Hogan Joy King St. F.	ment for the purpose of hereby accept the appoin DATE GES TO OFFICERS AN CATE GES TO OFFICERS AN CATE DATE DATE DATE	- 99 ID DIRECTOR	RS IN 12
office or registered agent, or both, in th agent. I am familiar with, and accept the Signature, typed or printed name of regin OFFICI PD BROWN, ELNA 104 KING ST APT 103 ST 2IP TT HOGAN, YVONNE	e State of Florida. Sucto e obligations of, Section <u>F PRS: Jones</u> stered agent and title if applicable ERS AND DIRECTORS	h change was au n 617.0503, Flori le. (NOTE T S DELETE	s, the above-named thorized by the corp ida Statutes. Registered Agent signature 13. 1.1 ITILE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 ITILE 2.2 NAME	corporation submits this state oration's board of directors. If M X required when reinstating) ADDITIONS/CHAN FD EdNA Brown /04 King St #/0 JACKSonville, Jacksonville, ST	ment for the purpose of hereby accept the appoin DATE GES TO OFFICERS AN CATE GES TO OFFICERS AN CATE DATE DATE DATE	- 99 ID DIRECTOR	RS IN 12
office or registered agent, or both, in th agent. I am familiar with, and accept the Signature, typed or printed name of regis OFFIC: PD BROWN, ELNA 104 KING ST APT 103 JACKSONVILLE FL 3220 TT HOGAN, YVONNE LAIND ISI, 104 KING ST APT_119_ ST-ZIP JACKSONVILLE FL 3220 ST ELAM, BRENDA	e State of Florida. Sucto e obligations of, Section <u>F PRS: Jones</u> stered agent and title if applicable ERS AND DIRECTORS	h change was au n 617.0503, Flori le (NOTE: 1 S DELETE	s, the above-named thorized by the corp da Statutes. Registered Agent algnature 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	corporation submits this state oration's board of directors. If Market Men reinstating) ADDITIONS/CHAN FD EdNA Brown /04 King St #/0 JACKSonville, JACKSonville, ST Elaine Polke	Ment for the purpose of hereby accept the appoin DI-14- DATE GES TO OFFICERS AN CALL A - 32204 119 F1. 32204	ID DIRECTOR Change	Addition
office or registered agent, or both, in th agent. I am familiar with, and accept the Signature, typed or printed name of region OFFICE PD BROWN, ELNA 104 KING ST APT 103 ST ZIP I ALEND 121 I ALEND 1	e State of Florida. Succion obligations of, Section - President and dife if applicable ERS AND DIRECTORS	h change was au n 617.0503, Flori le (NOTE: 1 S DELETE	s, the above-named thorized by the corp da Statutes. Registered Agent signature 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	corporation submits this state oration's board of directors. If M X required when reinstating) ADDITIONS/CHAN FD EdNA Brown IOUKing St. FM JACKSONUILLE ST Elaine Polke IOUKing St. FM	ment for the purpose of hereby accept the appoin DI-14- DATE GES TO OFFICERS AN D3 Fla · 32204 119 Fl. 32204	ID DIRECTOR Change	Addition
office or registered agent, or both, in th agent. I am familiar with, and accept the Signature, typed or printed name of regis OFFIC: PD BROWN, ELNA 104 KING ST APT 103 JACKSONVILLE FL 3220 TT HOGAN, YVONNE LAIRING ST APT_119_ ST-2IP JACKSONVILLE FL 3220 ST ELAM, BRENDA 104 KING ST APT 31 JACKSONVILLE FL 3220	e State of Florida. Succion obligations of, Section - President and dife if applicable ERS AND DIRECTORS	h change was au n 617.0503, Flori le (NOTE: 1 S DELETE	s, the above-named thorized by the corp da Statutes. Registered Agent algnature 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	corporation submits this state oration's board of directors. If M X required when reinstating) ADDITIONS/CHAN FD EdNA Brown /oy King St. FT Jacksonuille ST Elaine Polke /oy King St. FT Jacksonville	ment for the purpose of hereby accept the appoin DI-14- DATE GES TO OFFICERS AN D3 Fla · 32204 119 Fl. 32204	ID DIRECTOR Change	Addition
office or registered agent, or both, in th agent. I am familiar with, and accept the Signature, typed or printed name of regin OFFICI PD BROWN, ELNA 104 KING ST APT 103 ST 2IP I ALEND ISI 104 KING ST APT 103 ST 2IP I ALEND ISI 104 KING ST APT 119_ ST 2IP JACKSONVILLE FL 3220 ST ELAM, BRENDA I ALEND ISI I	e State of Florida. Succi obligations of, Section - PRSide error agent and the if applicable ERS AND DIRECTORS 4	h change was au n 617.0503, Flori le. (NOTE: 1 S DELETE DELETE	s, the above-named thorized by the corp da Statutes. Registered Agent signature 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME	corporation submits this state oration's board of directors. If M X required when reinstating) ADDITIONS/CHAN FD EdNA Brown I EdNA Brown I ADDITIONS/CHAN FD EdNA Brown I ATA CK30n UIILE ST Elaine Polke JO4 King St. FT DackSon UIILE, JOHN Cribb	ment for the purpose of hereby accept the appoin DI-14- DATE GES TO OFFICERS AN DATE GES TO OFFICERS AN DATE (JA · 32204 ISI CIA · 32204 - V. P.	ID DIRECTOR Change	Addition
office or registered agent, or both, in th agent. I am familiar with, and accept the Signature, typed or printed name of regin OFFICE PD BROWN, ELNA 104 KING ST APT 103 ST 21P I ALEND IS: 104 KING ST APT 119_ ST-21P JACKSONVILLE FL 3220 ST ELAM, BRENDA I ALEND IS: 104 KING ST APT 31 JACKSONVILLE FL 3220 V. P. Dohn Cribb 	e State of Florida. Succi obligations of, Section <u>1 - President</u> elered agent and the if applicable ERS AND DIRECTORS 4 4 4 5 8	h change was au n 617.0503, Flori le. (NOTE: 1 S DELETE DELETE	s, the above-named thorized by the corp da Statute. Registered Agent signature 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 14 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 3.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	corporation submits this state oration's board of directors. If M K required when reinstating) ADDITIONS/CHAN PD EdNA Brown JOY King St. FM JACKSONUILE, ST Elaine Polke JOY King St. FM JackSonville, John Cribb JOHN Cribb	ment for the purpose of hereby accept the appoin 0 -14. DATE GES TO OFFICERS AN 0.3 $f a \cdot 32.204$ 119 f H. 32.204 151 C a. 32.204 - V. P. 81	ID DIRECTOR Change	Addition
office or registered agent, or both, in th agent. I am familiar with, and accept the Signature, typed or printed name of registered PD BROWN, ELNA 104 KING ST APT 103 ST ZIP I ALKING ST APT 103 JACKSONVILLE FL 3220 TT HOGAN, YVONNE I ALKING ST APT_119_ ST-ZIP JACKSONVILLE FL 3220 ST ELAM, BRENDA I ALKING ST APT 31 JACKSONVILLE FL 3220 V, P. JOHN Cribb I TAUCHEES JOHN KING ST APT 31 JACKSONVILLE FL 3220 ST ELAM, BRENDA I JACKSONVILLE FL 3220 V, P. JOHN Cribb I TAUCHEES JOHN KING ST APT 31 JACKSONVILLE FL 3220 V, P.	e State of Florida. Succi obligations of, Section <u>1 - President</u> elered agent and the if applicable ERS AND DIRECTORS 4 4 4 5 8	h change was au n 617.0503, Flori le. (NOTE: 1 S DELETE DELETE	s, the above-named thorized by the corp da Statutes. Registered Agent signature 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME	corporation submits this state oration's board of directors. If M X required when reinstating) ADDITIONS/CHAN FD EdNA Brown I EdNA Brown I ADDITIONS/CHAN FD EdNA Brown I ATA CK30n UIILE ST Elaine Polke JO4 King St. FT DackSon UIILE, JOHN Cribb	ment for the purpose of hereby accept the appoin DI-14- DATE GES TO OFFICERS AN DATE GES TO OFFICERS AN DATE (JA · 32204 ISI CIA · 32204 - V. P.	ID DIRECTOR Change	Addition
office or registered agent, or both, in the agent. I am familiar with, and accept the Signature, typed or printed name of registered PD BROWN, ELNA 104 KING ST APT 103 JACKSONVILLE FL 3220 TT HOGAN, YVONNE 104 KING ST APT.119_ ST-ZIP JACKSONVILLE FL 3220 ST ELAM, BRENDA 104 KING ST APT.31 ST-ZIP JACKSONVILLE FL 3220 ST ELAM, BRENDA 104 KING ST APT 31 JACKSONVILLE FL 3220 ST ELAM, BRENDA 104 KING ST APT 31 ST-ZIP JACKSONVILLE FL 3220 V. P. JOHN Cribb ST ZIP JACKSONVILLE FL 3220 V. P. JOHN Cribb ST ZIP JACKSONVILLE FL 3220 V. P.	e State of Florida. Succi e obligations of, Section J - President error agent and the if applicable ERS AND DIRECTORS 4 4 4 5 7 7 8 1 6 1 A . 32204 7 7 6 1 A . 32204	h change was au n 617.0503, Flori ie. (NOTE: 3 DELETE DELETE	s, the above-named thorized by the corp da Statutes. Registered Agent signature 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	corporation submits this state oration's board of directors. If M K required when reinstating) ADDITIONS/CHAN PD EdNA Brown IOUKING ST IF JACKSONUILE, JOUNNE HOGAN JOUKING ST. IF JACKSONVILLE, JOHN Cribb IOUKING ST. IF JACKSONVILLE Cheplin Mae ETHA Baile	ment for the purpose of hereby accept the appoin 0 -14. DATE GES TO OFFICERS AN 0.3 $f a \cdot 32.204$ 151 $f a \cdot 32.204$ 151 $f a \cdot 32.204$ $- \sqrt{.P.}$ 81 f 32.204 4	ID DIRECTOR Change	Addition
office or registered agent, or both, in the agent. I am familiar with, and accept the Signature, typed or printed name of registered PD BROWN, ELNA 104 KING ST APT 103 JACKSONVILLE FL 3220 TT HOGAN, YVONNE 104 KING ST APT.119_ ST-ZIP JACKSONVILLE FL 3220 ST ELAM, BRENDA 104 KING ST APT.31 ST-ZIP JACKSONVILLE FL 3220 ST ELAM, BRENDA 104 KING ST APT 31 JACKSONVILLE FL 3220 ST ELAM, BRENDA 104 KING ST APT 31 ST-ZIP JACKSONVILLE FL 3220 V. P. JOHN Cribb ST ZIP JACKSONVILLE FL 3220 V. P. JOHN Cribb ST ZIP JACKSONVILLE FL 3220 V. P.	e State of Florida. Succi e obligations of, Section J - President error agent and the if applicable ERS AND DIRECTORS 4 4 4 5 7 7 8 1 6 1 A . 32204 7 7 6 1 A . 32204	h change was au n 617.0503, Flori ie. (NOTE: 3 DELETE DELETE	s, the above-named thorized by the corp da Statutes. Registered Agent signature 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 3.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	corporation submits this state oration's board of directors. If M K required when reinstating) ADDITIONS/CHAN PD EdNA Brown JOY King St. F JACKSONUILE JOY King St. F JACKSONVILE Cheplin Mae EHA Baile	ment for the purpose of hereby accept the appoind 0 -14- DATE GES TO OFFICERS AN 0.3 $f(a \cdot 32.204)$ 151 f(a. 32204) -V.P. 81 f(a. 32204) f(a. 32204) f(a. 32204) f(a. 32204) f(a. 32204) f(a. 32204) f(a. 32204) f(a. 32204)	ID DIRECTOR Change	Addition
office or registered agent, or both, in the agent. I am familiar with, and accept the Signature, typed or printed name of registered PD BROWN, ELNA 104 KING ST APT 103 ST ZIP I AURIO ISI ST ZIP I AURIO ISI I AURIO ISI ST ZIP I AURIO ISI I AURIO	e State of Florida. Succi e obligations of, Section J - President error agent and the if applicable ERS AND DIRECTORS 4 4 4 5 7 7 8 1 6 1 A . 32204 7 7 6 1 A . 32204	h change was au n 617.0503, Flori ie. (NOTE: 3 DELETE DELETE	s, the above-named thorized by the corp da Statutes. Registered Agent signature 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	corporation submits this state oration's board of directors. If M K required when reinstating) ADDITIONS/CHAN PD EdNA Brown IOUKING ST IF JACKSONUILE, JOUNNE HOGAN JOUKING ST. IF JACKSONVILLE, JOHN Cribb IOUKING ST. IF JACKSONVILLE Cheplin Mae ETHA Baile	ment for the purpose of hereby accept the appoin 0 -14. DATE GES TO OFFICERS AN 0.3 $f a \cdot 32.204$ 151 $f a \cdot 32.204$ 151 $f a \cdot 32.204$ $- \sqrt{.P.}$ 81 f 32.204 4	ID DIRECTOR Change	Addition
office or registered agent, or both, in th agent. I am familiar with, and accept the Signature, typed or printed name of registered PD BROWN, ELNA 104 KING ST APT 103 ST ZIP I AURIO ISI ST ZIP I AURIO ISI ST ZIP I AURIO ISI I AURIO I	e State of Florida. Succi e obligations of, Section J - President error agent and the if applicable ERS AND DIRECTORS 4 4 4 5 7 7 8 1 6 1 A . 32204 7 7 6 1 A . 32204	h change was au n 617.0503, Flori ie (NOTE:]] DELETE] DELETE]] DELETE]] DELETE]] DELETE	s, the above-named thorized by the corp da Statutes. Registered Agent signature 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 3.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME	corporation submits this state oration's board of directors. If M K required when reinstating) ADDITIONS/CHAN PD EdNA Brown JOY King St. F JACKSONUILE JOY King St. F JACKSONVILE Cheplin Mae EHA Baile	ment for the purpose of hereby accept the appoind 0 -14- DATE GES TO OFFICERS AN 0.3 $f(a \cdot 32.204)$ 151 f(a. 32204) -V.P. 81 f(a. 32204) f(a. 32204) f(a. 32204) f(a. 32204) f(a. 32204) f(a. 32204) f(a. 32204) f(a. 32204)	ID DIRECTOR Change Change Change Change	Addition
office or registered agent, or both, in th agent. I am familiar with, and accept the Signature, typed or printed name of regin OFFICE PD BROWN, ELNA 104 KING ST APT 103 ST 21P I AURIO ISI 104 KING ST APT 103 JACKSONVILLE FL 3220 TT HOGAN, YVONNE I AURIO ISI 104 KING ST APT.119_ ST 21P JACKSONVILLE FL 3220 ST ELAM, BRENDA I AURIO ISI 104 KING ST APT 31 JACKSONVILLE FL 3220 V. P. Dohn Cribb JACKSONVILLE FL 3220 V. P. Dohn Cribb	e State of Florida. Succi e obligations of, Section J - President error agent and the if applicable ERS AND DIRECTORS 4 4 4 5 7 7 8 1 6 1 A . 32204 7 7 6 1 A . 32204	h change was au n 617.0503, Flori ie (NOTE:]] DELETE] DELETE]] DELETE]] DELETE]] DELETE	s, the above-named thorized by the corp da Statutes. Registered Agent algnature 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 STREET ADDRESS 5.4 CITY-ST-ZIP	corporation submits this state oration's board of directors. If M K required when reinstating) ADDITIONS/CHAN PD EdNA Brown JOY King St. F JACKSONUILE JOY King St. F JACKSONVILE Cheplin Mae EHA Baile	ment for the purpose of hereby accept the appoind 0 -14- DATE GES TO OFFICERS AN 0.3 $f(a \cdot 32.204)$ 151 f(a. 32204) -V.P. 81 f(a. 32204) f(a. 32204) f(a. 32204) f(a. 32204) f(a. 32204) f(a. 32204) f(a. 32204) f(a. 32204)	ID DIRECTOR Change Change Change Change	Addition
office or registered agent, or both, in th agent. I am familiar with, and accept the Signature, typed or printed name of regin OFFICE PD BROWN, ELNA 104 KING ST APT 103 ST ZIP I AUBRO ISS ST ZIP I AUBRO ISS I AUBRO ISS	e State of Florida. Such e obligations of, Section J - President error agent and the if applicable ERS AND DIRECTORS 4 4 4 4 5 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 8 7 8 7 8 7 8 7 8 7 8 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 8 7 8 7 8 7 8 7 8 7 8 8 7 8 8 7 8 8 7 8 7 8 8 7 8 8 7 8 8 7 8 8 7 8 8 7 8 8 7 8 8 7 8 8 7 8 8 7 8 8 7 8 8 7 8 8 7 8 7 8 8 7 8 8 7 8 8 7 8 8 7 8 8 7 8 8 7 8 8 7 8 8 7 8 8 7 8 7 8 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 8 8 8 7 8 7 8	h change was au n 617.0503, Flori ie. (NOTE: 1 3 DELETE DELETE DELETE DELETE DELETE	s, the above-named thorized by the corp da Statutes. Registered Agent algorature 13. 1,1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4. CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 1.1 TITLE 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.4 STREET ADDRESS 1.4 CITY-ST-ZIP 1.5 STREET ADDRESS 1.4 CITY-ST-ZIP 1.5 STREET ADDRESS 1.4 CITY-ST-ZIP	corporation submits this state oration's board of directors. If M K required when reinstating) ADDITIONS/CHAN PD EdNA Brown /04 King St # /0 JACKSONUILE, JOUNNE Hogan JOY King St. H JACKSONVILE, JOHN CNBB /04 King St. H JACKSONVILE, JOHN CNBB /04 King St. H JACKSONVILE, OHN CNBB	ment for the purpose of hereby accept the appoin 0 -14. DATE GES TO OFFICERS AN 0.3 $f a \cdot 32.204$ 151 f . 32.204 151 f . 32.204 4 . 32.204 f . 32.204 f . 32.204 f . 32.204 f . 32.204	ID DIRECTOR ID DIRECTOR Change Change Change Change Change Change Change	RS IN 12 RS IN 12 Addition Addition Addition Addition Addition Addition
office or registered agent, or both, in th agent. I am familiar with, and accept the Signature, typed or printed name of registered OFFICE PD BROWN, ELNA 104 KING ST APT 103 ST 21P I AURIO ISS ST 21P I AURIO ISS I AURIO ISS ST 21P I AURIO ISS I AURIO ISS	e State of Florida. Such e obligations of, Section J - President erred agent and dife if applicable ERS AND DIRECTORS 4 4 4 4 4 5 7 7 8 7 8 7 8 1 8 3 2 20 4 7 7 8 1 8 3 2 20 4 7 7 8 1 8 1 6 1 8 3 2 20 4 7 7 8 1 8 1 8 1 8 1 8 1 8 1 8 1 8 1 8 1	h change was au n 617.0503, Flori le (NOTE: 1 S DELETE DELETE DELETE DELETE DELETE DELETE Es not qualify for is true and accur	s, the above-named thorized by the corp da Statute. Registered Agent signature 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 3.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 5.4 CITY-ST-ZIP 1.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP the exemption state rate and that my sign ceute this recort as	corporation submits this state oration's board of directors. If M K required when reinstating) ADDITIONS/CHAN PD EdNA Brown JOY King St # 10 JACKSONUILE JOY King St. # JACKSONVILE Chaplin Mae EtHA Baile JOY King St. # JACKSONVILE Chaplin Mae EtHA Baile JOY King St. # JACKSONVILE	ment for the purpose of hereby accept the appoin 0 -14. DATE GES TO OFFICERS AN 03 $f a \cdot 32204$ 19 f . 32204 151 C a . 32204 f . 32204 f . 32204 f . 32204 f . 32204 f . 32204	ID DIRECTOR DD RECTOR Change Change Change Change Change Change Change Change	S IN 12 Addition Addition Addition Addition Addition Addition Addition Addition Addition