

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 28 PM 12:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P27185** (8)

1. Corporation Name
HOLMES & NARVER, INC.

Principal Place of Business 999 TOWN & COUNTRY ROAD ORANGE CA 92668	Mailing Address 999 TOWN & COUNTRY ROAD ORANGE CA 92668
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 12/07/1989	3a. Date of Last Report 05/01/1994
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2. Principal Place of Business		2a. Mailing Address		4. FEI Number 95-1599514		Applied For <input type="checkbox"/> Not Applicable	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
22	City & State	27	City & State	8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
23	Zip	28	Country				
24	Country	29	Zip				
25	Country	30	Country				

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent			
				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85 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, 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 of registrant (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOUCHARD, RICHARD J.	1.2 NAME	
STREET ADDRESS	3250 WILSHIRE BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STACHO, ZOLTAN A.	2.2 NAME	
STREET ADDRESS	999 TOWN & COUNTRY RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE CA	2.4 CITY-ST-ZIP	
TITLE	VS	3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, DOUGLAS D	3.2 NAME	
STREET ADDRESS	999 TOWN AND COUNTRY RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE CA	3.4 CITY-ST-ZIP	
TITLE	AT	4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DESLATTE, DENNIS A	4.2 NAME	
STREET ADDRESS	999 TOWN AND COUNTRY RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE CA	4.4 CITY-ST-ZIP	
TITLE	VDAT	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARKE, MARK C.	5.2 NAME	
STREET ADDRESS	999 TOWN & COUNTRY RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE CA	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLLET, JOHN E.	6.2 NAME	
STREET ADDRESS	999 TOWN & COUNTRY ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE CA	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), 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.

SIGNATURE: Dennis A. Deslatte **Dennis A. Deslatte, Asst. Treasurer** 4/18/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Yr