

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

PROFIT
CORPORATION
ANNUAL REPORT

1996 1997



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

DOCUMENT # P94000055002 (7)

1. Corporation Name

HOLIDAY PUBLISHING, INC.

APPROVED
AND
FILED

97 MAY -1 PM 3:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
8332 CHESTER LAKE RD
9140 GOLF SIDE DR
SUITE 2-N
JACKSONVILLE FL 32256

Mailing Address
8332 CHESTER LAKE RD
9140 GOLF SIDE DR
SUITE 2-N
JACKSONVILLE FL 32256

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	07/25/1994	04/28/1995
22 City & State	27 City & State	4. FEI Number	Applied For
23 Zip	28 Zip	59-3259939	Not Applicable
24 Country	29 Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	30		

9. Name and Address of Current Registered Agent

DURRETT, JAMES B
9140 GOLF SIDE DR
SUITE 2-N
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	
NAME	DURRETT, JAMES B	1.2 NAME	
STREET ADDRESS	8332 CHESTER LAKE RD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32256	1.4 CITY - ST - ZIP	
TITLE	DS	2.1 TITLE	
NAME	DURRETT, CHRISTINE O	2.2 NAME	
STREET ADDRESS	9140 GOLF SIDE DR	2.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32256	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES B DURRETT

4/25/97 9043636090