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

Mailing Address 618 OAK STREET

PALATKA FL 32177-4632

2a. Mailing Address

GIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

2. Principal Place of Business

616 OAK STREET PALATKA FL 32177-9998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Mar 04 1997 8:00am

Secretary of State

3a. Date of Last Report

03/12/1996

3. Date Incorporated or Qualified

12/27/1994

4. FEI Number

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400093229 (0)

HOLBROOK ENTERPRISES, INC.

| | abe of Business | 2a. Mailing Address | . 1 | C 1 | | 4. FEI Number | 1 -1 | optied For | |
|---|---|------------------------------------|------------|---|--|--|---------------------|--|--|
| 21 1608 Suite, Apt | Reid St. | 26 1608 Ke | <u>la</u> | <u> </u> | | 59-3286891 | | ot Applicable | |
| 22 Ste | 7228 | Suite, Apt. #, etc. 27 Ste . 72 | 28 | | | 5. Certificate of Status Desired | \$8.75 A | | |
| 23 Pala | tha, Fl. | 28 Palatk | 4-1 | ٦1. | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 Added t | | |
| | | | | | Country 5 A 8. This corporation has liability for intangible tax under s. 199.032, | | | | |
| 24 32 177 [25] U.S.A. [29] 321 [1 [30] | | | | V | Florida Statutes Yes No 10. Name and Address of New Registered Agent | | | | |
| | | | | | ame | | | | |
| WINCHESTER, LILLIAN N. 616 OAK STREET PALATKA FL 32177 | | | | | | | | | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| Partietts verifi | | | | 83 | | | | | |
| | | | | 84 City | | | . 85 Zip (| Code | |
| | | | | O4 City | | F | | 2006 | |
| 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. | | | | | | | | | |
| SIGNATURE | | | | | | | | | |
| | Signal in , typedkor problem van erof registererflagent. OF FICERS AND | | | d Agent signature | required w | hen reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A | | DC 1N 10 | |
| 12. | D OFFICE NS AND | DELETE | 13. 11T | T F | T) | ADDITIONS/CHANGES TO OFFICERS A | Change | Addition | |
| NAMI | ROSSMAN, DIANE L | | 1.2 N | | 000 | cons - Diane 1. | M. Sumange | CT YOURION | |
| STREET ADDRESS | 616 OAK ST. | | | REET ADDRESS | KUO S | sman Diane L. & Reid St. Stc. 722 | 8 | | |
| City-\$1-7-2 | DALATICA CL 00477 0000 | | | TY-ST-ZIP | | HKA, Fl. 32177 | | | |
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| NAME : | | | 4.2N | | | | | | |
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| NAME | | <u></u> | 5.2 N | | | | min similar | 2000 | |
| STREET ADORESS | | | | REET ADDRESS | | | | | |
| City-St-7P | | | 5.40 | 1Y-ST-2IP | | | | | |
| 11111 | | ☐ DELETE | 6.1 TI | TLE | | | Change | Addition | |
| NAME | | | 6.2 N | AME | | | | | |
| STREET ADDRESS | | | 6.3 \$ | TREET ADDRESS | | | | | |
| CHY-SI-70 | | - 100 M 12 A | | TY-ST-ZIP | | 0 | bar in other states | , <u>,, , , , , , , , , , , , , , , , , , </u> | |
| 14. I do nereby certly that the internation supplied with this firing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this granual 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 equired by Chapter 607, Florida Statutes; and that my name appears in Plock 12 or Block 13 if changed, or on an attroviment with expeditess. | | | | | | | | | |
| CICALAT | upr. \A\ U LM(| | L 1/2 | أماس | -1 1 | 0 1 1 - 78 - | 7 / | } | |