FILE NOW: FILING FEE AFTER MAY 1 IS $550

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May 20 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT [redacted]0
Sandra B. Mort[redacted]
Secretary of Sta[redacted] STATE
DIVISION OF CORPOR[redacted]n

DOCUMENT # P96000084366 (9)

1. Corporation Name
HOLBROOK HILLS, INC.

Principal Place of Business	Mailing Address
RR 2, HIGHWAY 2 LAUREL HILLS FL 32567	RR 2, HIGHWAY 2 LAUREL HILLS FL 32567-9802

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Co 29 / 30

3. Date Incorporated or Qualified: **10/11/1996**

3a. Date of Last Report: N/A

4. FEI Number: 59-3405729 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MEAD, MICHAEL WM
24 WALTER MARTIN ROAD
FORT WALTON BEACH FL 32548

10. Name and Address of New Registered Agent

31 Name

32 Street Address (P.O. Box Number is Not Acceptable)

33

34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the [redacted] office or registered agent, or both, in the State of Florida. Such change was authori[redacted] agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida S[redacted]

SIGNATURE _____ (NOTE: R[redacted]
Signature, typed or printed name of registered agent and title if applicable

The above-named corporation submits this statement for the purpose of changing its registered [redacted]y the corporation's board of directors. I hereby accept the appointment as registered [redacted]s

[redacted]ent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	HOLBROOK, DEBORAH A	
STREET ADDRESS	941-D ASHLEY LANE	
CITY-ST-ZIP	FORT WALTON BEACH FL 32547	
TITLE	V	☐ DELETE
NAME	HOLBROOK, CYNTHIA JO	
STREET ADDRESS	941-D ASHLEY LANE	
CITY-ST-ZIP	FORT WALTON BEACH FL 32547	
TITLE	ST	☐ DELETE
NAME	HOLBROOK, KATHRINE C	
STREET ADDRESS	101 OLD FERRY RD, #10A	
CITY-ST-ZIP	SHALIMAR FL 32579	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[redacted] ADDRESS ☐ Change ☐ Addition
[redacted] ST-ZIP

[redacted] ADDRESS ☐ Change ☐ Addition
[redacted] ST-ZIP

[redacted] ADDRESS ☐ Change ☐ Addition
[redacted] ST-ZIP

[redacted] ADDRESS ☐ Change ☐ Addition
[redacted] ST-ZIP

[redacted] ADDRESS ☐ Change ☐ Addition
[redacted] ST-ZIP

[redacted] ADDRESS ☐ Change ☐ Addition
[redacted] ST-ZIP

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for [redacted] information indicated on this annual report or supplemental annual report is true a[redacted] I am an officer or director of the corporation or the receiver or trustee empowered [redacted] appears in Block 12 or Block 13 if changed, or on an attachment with an address[redacted]

[redacted]exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the [redacted]curate and that my signature shall have the same legal effect as if made under oath; that [redacted]cute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE: _____ 5-1-97 (904) 651-2454 (904) 864-2467
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR D[redacted]