

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

FILED  
May 20 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> P96000084366 1. Corporation Name: HOLBROOK HILLS INC.			
Principal Place of Business RR 2 Hwy 2 LAUREL HILL, FL 32567		Mailing Address	
2. Principal Place of Business		2a. Mailing Address	
21	Suite Apt #, etc.	26	Suite Apt #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
9. Name and Address of Current Registered Agent MICHAEL WM MEAD 24 WALTER-MARTIN RD. FT. WALTON BCH, FL 32548		10. Name and Address of New Registered Agent	
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.		DO NOT WRITE IN THIS SPACE	
SIGNATURE		DATE	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	11 TITLE	
NAME	DEBORAH A. HOLBROOK	12 NAME	
STREET ADDRESS	941-D ASHLEY LN	13 STREET ADDRESS	
CITY-ST-ZIP	FT. WALTON BCH, FL 32547	14 CITY-ST-ZIP	
TITLE	VICE-PRESIDENT	21 TITLE	
NAME	CYNTHIA JO HOLBROOK	22 NAME	
STREET ADDRESS	941-D ASHLEY LN	23 STREET ADDRESS	
CITY-ST-ZIP	FT. WALTON BEACH, FL 32547	24 CITY-ST-ZIP	
TITLE	SECRETARY/TREASURER	31 TITLE	
NAME	KATHARINE C. HOLBROOK	32 NAME	
STREET ADDRESS	FINISTERRA CONDOMINIUM 40A	33 STREET ADDRESS	
CITY-ST-ZIP	101 OLD PERRY RD SHALIMAR FL 32579	34 CITY-ST-ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.		900002532819 -05/22/98--01018--016 ***150.00	
SIGNATURE: Deborah A. Holbrook		4/30/98 850 864 2457	

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