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Apr 13 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P96000088672 (6)  
1. Corporation Name  
HOLY FAMILY BOOKS AND GIFTS INC.



Principal Place of Business: 14626 PLUMOSA DR JACKSONVILLE BEACH FL 32255 US  
Mailing Address: 14626 PLUMOSA DR JACKSONVILLE BEACH FL 32255 US

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: 10/28/1996  
4. FEI Number: 59-3397562  
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 owes or has paid the current year Intangible Personal Property Tax due June 30:  Yes  No

9. Name and Address of Current Registered Agent: GARDNER, SUZANNE M, 14626 PLUMOSA DR, JACKSONVILLE BEACH FL 32255  
10. Name and Address of New Registered Agent: Suzanne Holt, 706 Cedar Court, Neptune Bch, FL 32266

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: Suzanne M. Holt (Suzanne M. Holt) DATE: 4-6-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: GARDNER, SUZANNE M	1.1 TITLE: PD	Holt, Suzanne M.
STREET ADDRESS: 14626 PLUMOSA DR	CITY-ST-ZIP: JACKSONVILLE BEACH FL	1.2 NAME: Holt, Suzanne M.	1.3 STREET ADDRESS: 706 Cedar Court
		1.4 CITY-ST-ZIP: Neptune Bch, FL 32266	
TITLE:	NAME:	2.1 TITLE:	Vigoureaux, JJ
STREET ADDRESS:	CITY-ST-ZIP:	2.2 NAME:	4817 Blue Heron Drive
		2.3 STREET ADDRESS:	Ponte Vedra, FL 32082
		2.4 CITY-ST-ZIP:	
TITLE:	NAME:	3.1 TITLE:	Gardner, Michael
STREET ADDRESS:	CITY-ST-ZIP:	3.2 NAME:	8110 Sabal Oak Lane
		3.3 STREET ADDRESS:	Jacksonville, FL 32256
		3.4 CITY-ST-ZIP:	
TITLE:	NAME:	4.1 TITLE:	
STREET ADDRESS:	CITY-ST-ZIP:	4.2 NAME:	
		4.3 STREET ADDRESS:	
		4.4 CITY-ST-ZIP:	
TITLE:	NAME:	5.1 TITLE:	
STREET ADDRESS:	CITY-ST-ZIP:	5.2 NAME:	
		5.3 STREET ADDRESS:	
		5.4 CITY-ST-ZIP:	
TITLE:	NAME:	6.1 TITLE:	
STREET ADDRESS:	CITY-ST-ZIP:	6.2 NAME:	
		6.3 STREET ADDRESS:	
		6.4 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.

SIGNATURE: Suzanne M. Holt DATE: 3-25-98 904-247-0044

CR2E034 (10/97)