

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

FILED

Feb 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000015879**
1. Corporation Name
HOLIDAYS OF JACKSONVILLE, INC

Principal Place of Business
**1910 Wells Rd
ORANGE PARK, FL 32073**

Mailing Address
**PO BOX 17094
JACKSONVILLE, FL 32245**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1910 Wells Rd		2a. Mailing Address PO BOX 17094		3. Date Incorporated or Qualified Feb 14, 1997	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 59-3426089	
22. City & State JACKSONVILLE, FL		27. City & State JACKSONVILLE, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip 32073		28. Zip 32245		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Country USA		29. Country USA		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**Michaels, Arnold J
8873 Belle River Blvd
JACKSONVILLE, FL 32256**

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, 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]

(NOTE: Registered Agent signature required when re-appointing)

DATE
2-20-98

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	NAME	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Michaels, Arnold J	<input checked="" type="checkbox"/> DELETE	1.2 NAME		
STREET ADDRESS	8873 Belle River Blvd	<input checked="" type="checkbox"/> DELETE	1.3 STREET ADDRESS		
CITY - ST - ZIP	JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> DELETE	1.4 CITY - ST - ZIP		
TITLE	NAME	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POWELL, WANDA	<input checked="" type="checkbox"/> DELETE	2.2 NAME		
STREET ADDRESS	3147 ANNISTON RD	<input checked="" type="checkbox"/> DELETE	2.3 STREET ADDRESS		
CITY - ST - ZIP	JACKSONVILLE, FL 32246	<input checked="" type="checkbox"/> DELETE	2.4 CITY - ST - ZIP		
TITLE	NAME	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		<input type="checkbox"/> DELETE	3.2 NAME		
STREET ADDRESS		<input type="checkbox"/> DELETE	3.3 STREET ADDRESS		
CITY - ST - ZIP		<input type="checkbox"/> DELETE	3.4 CITY - ST - ZIP		
TITLE	NAME	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		<input type="checkbox"/> DELETE	4.2 NAME		
STREET ADDRESS		<input type="checkbox"/> DELETE	4.3 STREET ADDRESS		
CITY - ST - ZIP		<input type="checkbox"/> DELETE	4.4 CITY - ST - ZIP		
TITLE	NAME	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		<input type="checkbox"/> DELETE	5.2 NAME		
STREET ADDRESS		<input type="checkbox"/> DELETE	5.3 STREET ADDRESS		
CITY - ST - ZIP		<input type="checkbox"/> DELETE	5.4 CITY - ST - ZIP		
TITLE	NAME	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		<input type="checkbox"/> DELETE	6.2 NAME		
STREET ADDRESS		<input type="checkbox"/> DELETE	6.3 STREET ADDRESS		
CITY - ST - ZIP		<input type="checkbox"/> DELETE	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 in an attachment with an address.

SIGNATURE:

[Signature] (AJ Michaels Pres)

2-20-98

904-333-7111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/97)