
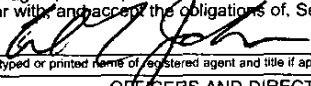


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 05, 1999 8:00 am  
Secretary of State

05-05-1999 90199 048 \*\*\*150.00

0062344

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000094631 1. Corporation Name THE HOLBROOK GROUP, INC.			
Principal Place of Business 2731 N.W. 41ST STREET SUITE B-3 GAINESVILLE FL 32606		Mailing Address 2731 N.W. 41ST STREET SUITE B-3 GAINESVILLE FL 32606	
2. Principal Place of Business 21 4421 NW 39th Ave Suite, Apt. #, etc. 22 Suite 1-2 City & State 23 Gainesville FL Zip 24 32606		2a. Mailing Address 26 4421 NW 39th Ave Suite, Apt. #, etc. 27 Suite 1-2 City & State 28 Gainesville FL Zip 29 32606 Country 30 Alachua	
9. Name and Address of Current Registered Agent JOHNSON, CARL L 2731 N.W. 41ST STREET SUITE B-3 GAINESVILLE FL 32606			
10. Name and Address of New Registered Agent 81 Name Carl L. Johnson 82 Street Address (P.O. Box Number is Not Acceptable) 4421 NW 39th Avenue 83 Suite 1-2 84 City Gainesville FL 85 Zip Code 32606			
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  DATE 4/29/99 (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D NAME JOHNSON, CARL L STREET ADDRESS 2731 N.W. 41ST STREET CITY-ST-ZIP GAINESVILLE FL 32606		1.1 TITLE D 1.2 NAME Johnson, Carl L 1.3 STREET ADDRESS 4421 NW 39th Ave Suite 1-2 1.4 CITY-ST-ZIP Gainesville FL 32606	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/04/1997

4. FEI Number

APPLIED FOR 59-3477253

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes

☐ No

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME JOHNSON, CARL L  
STREET ADDRESS 2731 N.W. 41ST STREET  
CITY-ST-ZIP GAINESVILLE FL 32606

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D  
1.2 NAME Johnson, Carl L  
1.3 STREET ADDRESS 4421 NW 39th Ave Suite 1-2  
1.4 CITY-ST-ZIP Gainesville FL 32606

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
CARL L. JOHNSON 4/29/99

Date

Daytime Phone #

352-377-7444

CR2E034 (11/98)