03241999-90055-041-\$150.00-\$170.00

PROFIT CORPORATION ANNUAL REPORT 1999

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT# P98000037985

HOLBROOK ENTERPRISES & SERVICES, INC.

Mailing Address Principal Place of Business 9653 SW GRANADA COURT 9653 SW GRANADA COURT PALM CITY FL 34991 PALM CITY FL 34991 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed <u>04/27/1998</u> Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. Fee Required - -27 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 Country 8. This corporation owes the current year Intengible Zip Zip Country Personal Property Tax. 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent R1 Name HOLBROOK, VESTER Street Address (P.O. Box Number is Not Acceptable) 9653 SW GRANADA COURT PALM CITY FL 34991 83 Zip Code 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 em familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of regretered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ☐ Change W HOLBROOK DELETE 1.1 TITLE TITLE CR2E034 12 NAME NAME 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY-ST-ZIP CITY-ST-20F Addition Change □ D€LETE 21 TITLE TILE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRES 2.4 CITY-ST-ZIP CITY-ST-ZIF Addition ☐ Change DELETE 3.1 TITLE MLE 3.2 NAME NAME 9653-SWGB 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIF ☐ Addition ☐ Change 4.1 TITLE ME 4. 2 NAME NAME 4.3 STREET ADORESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZP ☐ Change ☐ Addition DELETE 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition 61 TITLE DELETE TITLE 6.2 NAME NAME

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.

6.3 STREET ADDRESS

8.4 CITY-ST-ZIP

FILED Mar 24, 1999 8:00 am **Secretary of State**

03-24-1999 90055 041 ***150.00