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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V26693

1. Corporation Name

Principal Place of Business

O.C. HOLYFIELD, JR., P.A.

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90012 006 ***150.00

|--|--|--|--|--|

533 N NOVA RD)	PO BOX 1970			
STE 211 BUNNELL FL 32110 ORMOND BCH FL 32174 US			DO NOT WRITE IN THIS SPACE		
ORMOND BCH FL 32174 US				3. Date Incorporated or Qualifed	
00				04/07/1992	
2 Principal Pl	ace of Buşiness	2a. Mailing Address		4. FEI Number	Applied For
<i>⊢</i> ت م ذ_ر	n 11 1 1	26 SAME	pa appose		Not Applicable
21 2285	# 100 HUY 100	Suite, Apt, #, etc.	THUING		\$8.75 Additional
22 PAS	191 Center Ste 206	27	· .	5. Certifcate of Status Desired	Fee Required
City & State	• • • • •	City & State		6. Election Campaign Financing	\$5.00 May Be
23 DUA	INCU	28	-, -	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current y	\
24	25 USH	29 3	0	Personal Property Tax.	
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Regis	stered Agent
			81 ((a))2	new C How Atiold	Ja_
	/FIELD, ORREY C. JR.		82 Street	Addrest (P.O. Box Number is Not Acceptable)	
533 I	N NOVA RD STE 211			85 E Huy 100	
ORM	OND BCH FL 32174		83	ACTAL OFFICE CA	T 206
				astal lenter Ju	THE
ļ			84 City	R	FI 85 Zip Code
	to the are delegant of Continue 607 0502	and 607 1509 Florida Statutes	the above named	corporation submits this statement for the purp	pose of changing its registered
office or r	edistered agent, or both, in the State o	f Florida. Such change was aut	horized by the corpo	corporation submits this statement for the purporation's board of directors. I hereby accept the	appointment as registered
agent. I a	m amiliar with and accept the obligation	of, Section 607.0505, Florid	la Statutes.	L 12016	<i>30</i>
SIGNATURE	(World A.	1		1/20	-
	Manager typed or printed name of registered agent		egistered Agent signature n		TOO AND DIDECTORS IN 42
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE	Change Addition
TITLE	P	☐ DELETE	1.1 TITLE	thes.	_ , _
NAME	HOLYFIELD, O C		1.2 NAME		tu 206
STREET ADDRESS	533 N NOVA RD STE 211		1.3 STREET ADDRESS	.22.85 E Hugios	16 200
CITY-ST-ZIP	ORMOND BCH FL		1.4 CITY-ST-ZIP	.2285 E HWY 100 S BUNNULL FL 321 SOCTREASURE 4 WINCHESTER PL FORM COST, FZ 32	10
TITLE	ST	☐ DELETE	2.1 TITLE	Sen Tanana	☐ Change ☐ Addition
NAME	HOLYFIELD, SANDRA		2.2 NAME	est mequent	
STREET ADDRESS	P O BOX 1970 NA		2.3 STREET ADDRESS	4 WINCHESTER PL	
1	BUNNELL FL	· -	2. 4 CITY-ST-ZIP	DOLM CART FZ 32	1164
CITY-ST-ZIP	BOINIAELE PE	☐ DELETE	3.1 TITLE	1.70 - 0.70.1	Change Addition
TITLE	·	<u> </u>	3.2 NAME		
NAME					J
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		Character C Addition
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS	•		4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		l
STREET ADDRESS			5.3 STREET ADDRESS		
			5.4 CITY-ST-ZIP		J
CITY-ST-ZIP		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
TITLE			6.2 NAME		
NAME		•			
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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 forperation 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 barged 200n an attached that with an addissess with all officers or directors. Block 12 or Block 13 if

SIGNATURE:

REQUIR SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

CR2E034 (11/98)

: BERRY :

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