

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 329063

Entity Name: HOLMES STAMP COMPANY**Current Principal Place of Business:**2021 ST. AUGUSTINE ROAD EAST
SUITE 2
JACKSONVILLE, FL 32207**Current Mailing Address:**2021 SAINT AUGUSTINE ROAD EAST
SUITE 2
JACKSONVILLE, FL 32207 US**FEI Number:** 59-1208640**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ADVOS LEGAL PLLC
5000 SAWGRASS CIRCLE, SUITE 7
PONTE VEDRA BEACH, FL 32082 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	D
Name	FERNANDEZ, STEVEN C
Address	2021 SAINT AUGUSTINE RD. EAST SUITE 2
City-State-Zip:	JACKSONVILLE FL 32207

Title	PRESIDENT
Name	CROFT, BRYAN C
Address	2021 SAINT AUGUSTINE RD., EAST, SUITE 2
City-State-Zip:	JACKSONVILLE FL 32207

Title	TREASURER
Name	CROFT, EILEEN P
Address	2021 SAINT AUGUSTINE RD. EAST SUITE 2
City-State-Zip:	JACKSONVILLE FL 32207

Title	D
Name	CROFT, BRYAN C
Address	2021 SAINT AUGUSTINE RD. EAST SUITE 2
City-State-Zip:	JACKSONVILLE FL 32207

Title	VICE PRESIDENT
Name	FERNANDEZ, STEVEN C
Address	2021 SAINT AUGUSTINE RD. EAST SUITE 2
City-State-Zip:	JACKSONVILLE FL 32207

Title	VICE PRESIDENT
Name	CROFT, ROBERT W JR.
Address	2021 SAINT AUGUSTINE RD EAST SUITE 2
City-State-Zip:	JACKSONVILLE FL 32207

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: STEVEN C FERNANDEZ

D

01/22/2022

Electronic Signature of Signing Officer/Director Detail

Date