

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90247 009 ***158.75

DOCUMENT # 587813

1. Corporation Name
BRALEW HOMES, INC.

Principal Place of Business

20960 SANDY LN
P O BOX 1270
ESTERO FL 33928

Mailing Address

20960 SANDY LN
P O BOX 1270
ESTERO FL 33928

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/27/1978

4. FEI Number

59-1891891

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LEWIS, JEFFREY E.
20960 SANDY LANE
ESTERO FL 33928

10. Name and Address of New Registered Agent

81 Name

Cindy Lewis

82 Street Address (P.O. Box Number is Not Acceptable)

18428 MATANZAS RD.

83

84 City

FT. MYERS.

FL

85 Zip Code

33912

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

Cindy Lewis

4-28-99

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 PD ☒ DELETE

NAME LEWIS, JEFFREY E
STREET ADDRESS 20960 SANDY LANE
CITY-ST-ZIP ESTERO FL

TITLE VP ☐ DELETE

NAME HETMAN, MICHAEL P
STREET ADDRESS 2216 DOVER AVE
CITY-ST-ZIP FT MYERS FL

TITLE T ☐ DELETE

NAME WILSON, CHRISTOPHER
STREET ADDRESS 1011 SE 5TH TERR
CITY-ST-ZIP CAPE CORAL FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

President.

☒ Change ☐ Addition

1.2 NAME

CINDY LEWIS.

1.3 STREET ADDRESS

18428 Matanzas Road.

1.4 CITY-ST-ZIP

FT. MYERS FL. 33912

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 NAME OF SIGNING OFFICER OR DIRECTOR

4-28-99

Date

941-267-9001

Daytime Phone #

CR2E034 (11/98)