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

DOCUMENT # F82976 1. Corporation Name

BRENDA KAY CRAIG & ASSOCIATES REALTY, INC.

Dringing Diggs	n of Business	Mailing Address				: Indian lift falls tible inter date mit gratt gebre ander	1811 61611 61611 1561	
				^4				
5121 EHRLICH ROAD. STE 106A 5121 EHRLICH ROAD. STE 1 TAMPA FL 33624 TAMPA FL 33624)6A				
						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
						105/26/1982		
Principal Place of Business Za. Mailing Address						4. FEI Number	Applied For	
21 26			<u>-</u>	<u> </u>		159-2212208-	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of Status Desired		
22 27								
City & State City & State						6. Election Campaign Financing \$5.00 May Be		
23 28						Trust Fund Contribution Added to Fees		
Zip	Country	Zip		intry		8. This corporation owes the current year Intangible	□No	
24	25	29	30			resonar reporty rax.		
	9. Name and Address of Currer	nt Registered Agent		24		10. Name and Address of New Registered Agent		
004	IO DODERT O			81	Name			
CRAIG, ROBERT C. 12906 GOLFCREST TERRACE				82	Street Address (P.O. Box Number is Not Acceptable)			
1 AM	PA FL 33624			83				
				84	City	85	Zip Code	
				1 1	-	FL °		
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Sta	tutes, the a	bove	-named cor	poration submits this statement for the purpose of changin	g its registered	
office or r	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was ations of, Section 607.0505, I	s aumonzeo Florida Stat	utes.	ine corporati	ion's board of directors. I hereby accept the appointment a	.o.rog.oto.ou	
-	mit faltimes. The if all decept and decept and							
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NO	OTE: Registered	Agen	t signature requir	red when reinstating) DATE		
12.	OFFICERS AN	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRE		
TITLE	PSD	☐ DELETÉ	1.1 TI	TLE	Ì	☐ Cha	nge 🗌 Addition	
NAME	CRAIG, BRENDA KAY		1.2 N	AME				
STREET ADDRESS	12906 GOLFCREST TERRACE		1.3 \$	TREET	ADDRESS			
CITY-ST-ZIP	TAMPA FL		1.4 C	ITY-ST	-ZIP	· .		
TITLE		☐ DELETE	2.1 T	TLE		☐ Cha	nge 🔲 Addition	
NAME			2.2 N	AME			•	
STREET ADDRESS			2.3 S	TREET	ADDRESS			
CITY-ST-ZIP			2.40	TY-S	T-ZIP			
TITLE		☐ DELETE	3.1 T			Cha	nge	
NAME			3.2 N					
STREET ADDRESS					ADDRE\$S			
	Ì			TY-S				
CITY-ST-ZIP TITLE		☐ DELETE	4.1 T			☐ Cha	nge Addition	
			L	IAME				
NAME					ADDRESS			
STREET ADDRESS				ITY-SI	1			
CITY-ST-ZIP		□ DELETE	4.4 C		1-ZIP	☐ Cha	nge	
TITLE			5.1 1 5.2 N			· · · · · ·	· -	
NAME					ADDRESS			
STREET ADDRESS			4	ITY-S				
CITY-ST-ZIP					1-217			
	T	☐ DELETE	6.1 T	m E		☐ Cha	nge 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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TITI F

NAME

STREET ADDRESS

CITY-ST-ZIP

□ DELETE

FILED

Feb 18, 1999 8:00am

Secretary of State

02-18-1999 90102 037 ***150.00