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Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90031 020 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # **H77535**

1. Corporation Name
BRENNAN, HAYSKAR, JEFFERSON, WALKER & SCHWERER, P.A.

Principal Place of Business Mailing Address
% JOHN T. BRENNAN **% JOHN T. BRENNAN**
519 SOUTH INDIAN RIVER DRIVE **519 SOUTH INDIAN RIVER DRIVE**
FORT PIERCE FL 34950 **FORT PIERCE FL 34950**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/24/1985

4. FEI Number **59-2579109** 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

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent
BRENNAN, JOHN T.
519 SOUTH INDIAN RIVER DRIVE
FORT PIERCE FL 34950

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 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 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRENNAN, JOHN T.	1.2 NAME	
STREET ADDRESS	519 S. INDIAN RIVER DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT PIERCE FL	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYSKAR, STEPHEN G.	2.2 NAME	
STREET ADDRESS	519 S. INDIAN RIVER DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT PIERCE FL	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEFFERSON, BRADFORD L.	3.2 NAME	
STREET ADDRESS	519 S. INDIAN RIVER DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	FORT PIERCE FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, JAMES T.	4.2 NAME	
STREET ADDRESS	519 S. INDIAN RIVER DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	FORT PIERCE FL	4.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWERER, ROBERT V.	5.2 NAME	
STREET ADDRESS	519 S. INDIAN RIVER DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	FORT PIERCE FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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: John T. Brennan **SIGNATURE REQUIRED** 3/30/99 561-461-2310
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)