

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

FILED

**Feb 11 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J06223 (8)
1. Corporation Name
BREN-CON, INC.



Principal Place of Business
**207 N. MAGNOLIA AVE.
P.O. BOX 5863
OCALA FL 34475**

Mailing Address
**207 N. MAGNOLIA AVE.
P.O. BOX 5863
OCALA FL 34475-6625**

3. Date Incorporated or Qualified **03/24/1986** 3a. Date of Last Report **02/21/1996**

2. Principal Place of Business 2a. Mailing Address 4. FEI Number **59-2656063** Applied For Not Applicable

21 Suite, Apt #, etc 26 Suite, Apt #, etc 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22 City & State 27 City & State 6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 Zip Country 28 Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24 25 29 30 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

**TRENTELMAN, JOHN C
207 N. MAGNOLIA AVENUE
OCALA FL 34475**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLDEN, CARMAN	1.2 NAME	
STREET ADDRESS	R.R. 2, P.O. BOX 30	1.3 STREET ADDRESS	
CITY-ST-ZIP	MARMORA, ONT. KOK 2M0	1.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLDEN, MURIEL	2.2 NAME	
STREET ADDRESS	R.R. 2, P.O. BOX 30	2.3 STREET ADDRESS	
CITY-ST-ZIP	MARMORA, ONT. KOK 2M0	2.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCOY, BRENDA	3.2 NAME	
STREET ADDRESS	RR 1 MADOC	3.3 STREET ADDRESS	
CITY-ST-ZIP	ONTARIO CA	3.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, CONNIE	4.2 NAME	
STREET ADDRESS	RR 1 MADOC	4.3 STREET ADDRESS	
CITY-ST-ZIP	ONTARIO CA	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 do 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.

SIGNATURE: *Muriel Colden* **MURIEL COLDEN** **FEB. 3, 1997** (613) 492-2375
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

9616