

**FILE NOW: FILING FEE AFTER MAY-1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

**95 APR 18 PM 11:29**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # N03029 (8)**

1. Corporation Name

**FLORIDA ANTIQUE BUCKET BRIGADE, INC.**

Principal Place of Business

Mailing Address

**% JAMES BRIGGS  
6855 GREEN SWAMP RD  
CLERMONT FL 34711  
US**

**% JAMES BRIGGS  
6855 GREEN SWAMP RD  
CLERMONT FL 34711  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/11/1984** 3a. Date of Last Report **02/11/1994**

4. FBI Number **65-0066578** 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**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  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

10. Name and Address of New Registered Agent

**BRIGGS, JAMES  
6855 GREEN SWAMP RD  
CLERMONT FL 34711**

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

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	<b>PD</b>
NAME	<b>HENDERSON, TERRY</b>
STREET ADDRESS	<b>PO BOX 122</b>
CITY-ST-ZIP	<b>ZELLWOOD FL</b>
TITLE	<b>VD</b>
NAME	<b>PERDUE, WILLIAM</b>
STREET ADDRESS	<b>545 CHASE HAMMOCK RD</b>
CITY-ST-ZIP	<b>MERRITT ISLAND FL</b>
TITLE	<b>SD</b>
NAME	<b>BRIGGS, JAMES</b>
STREET ADDRESS	<b>6855 GREEN SWAMP ROAD</b>
CITY-ST-ZIP	<b>CLERMONT FL</b>
TITLE	<b>TD</b>
NAME	<b>FLEDDERJOHN, LYNN</b>
STREET ADDRESS	<b>233 SW 19TH TERRACE</b>
CITY-ST-ZIP	<b>CAPE CORAL FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>DIK NEKSON</b>	
1.3 STREET ADDRESS	<b>ROUTE 5, BOX 333</b>	
1.4 CITY-ST-ZIP	<b>PALATKA, FL. 32177</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 118.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

**JAMES BRIGGS**  
MONITOR AND TYPED OR PRINTED NAME OF MONITORING OFFICER OR DIRECTOR

**APR 14, 1995** **904-394-8709**  
Date Daytime Phone #