FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

N03029

(8)

FLORIDA ANTIQUE BUCKET BRIGADE, INC.

						HEN BYEN THEN EIGH BIBER BIBN BYEN HEN
Principal Place	of Business	Mailing Address			1 10211(8) 411 20102 1((1) 88(10 11210	iffir Lidig Britis Billet mant artite finest stat
% JAMES BRIG	igs	%JAMES BRIGGS				
6855 GREEN SWAMP RD		6855 GREEN SWAMP RD CLERMONT FL 34711-8357 US				
CLERMONT FL 34711					3. Date Incorporated or Qualified 3a.	3a. Date of Last Report
US		03		1	05/11/1984	03/25/1996
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26		65-0066578 Not Applicable		
Suite, Apt. (#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27			0. Cermicate di Status Desired	Fee Required
City & State		City & State		Election Campaign Financing \$5.00 May Be		
23		28	,		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Countr	1	This corporation has liability for it	
24	25		30			Yes No
	9. Name and Address of Curren	t Hegistered Agent	81	Nama	10. Name and Address of New Re	Jistered Agent
			61	Name		
BRIGGS, JAMES			62	62 Street Address (P.O. Box Number is Not Acceptable)		
	REEN SWAMP RD		0.0	ļ <u> </u>		
CLERMO	ONT FL 34711		63			
			84	City		FL 85 Zip Code
11. Pursuant to	a the provisions of Sections 617 050:	2 and 617 1508. Florida Statute	es the abov	e-named c	orporation submits this statement for the p	
office or re	egistered agent, or both, in the State	of Florida. Such change was a	uthorized b	y the corpo	oration's board of directors. I hereby accep	t the appointment as registered
	mamiliar with, and accept the obliga	ations of, Section 617.0503, Fig	rida Statute	6.		
SIGNATURE _	Signature, typed or printed name of registered agei	nt and title if applicable. (NOTE	Registered Ag	ent signature re	squired when reinstating)	DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	PD	■ DELETE	1.1 TITLE		PD	Change Addition
NAME	NELSON, DICK		1.2 NAME		HALL, JOHATHAN 16160 FORRET BI	
STREET ADDRESS	RT 5 BOX 333		1.3 STREE	T ADORESS	16160 FORRET BI	hen court
CITY - ST - ZIP	PALATKA FL		1.4 CITY-	ST-ZIP	_	ኖ ር
TITLE	VD	DELETE	2.1 TITLE		VD	Change Addition
NAME	PERDUE, WILLIAM		2.2 NAME	1	HARTING, WILL	AM AME
STREE1 ADDRESS	545 CHASE HAMMOCK RD		2.3 STREET ADDRESS			
CITY-ST-ZIP	MERRITT ISLAND FL		2.4 CITY-	ST-ZIP	PANN HARBOR	F-16-4
TITLE	SD	DELETE	3.1 TITLE			Change Addition
NAME	BRIGGS, JAMES		3.2 NAME			
STREET ADDRESS	6855 GREEN SWAMP ROAD		3.3 STREE	T ADDRESS		
CITY-S1-ZIP	CLERMONT FL		3.4. CITY-	ST-ZIP		•
TITLE	TA	DELETE	4.1 TITLE		47 10	Change Addition
NAME	HALL, JONATHAN		4. 2 NAME		DE hosier, has	ery
STREET ADDRESS	16160 FOREST GLEN COURT		4.3 STREE	TADDRESS	DE LOBIER, LARRY 17901 WOOD PATH COURT	
CITY-ST-ZIP	PUNTA GORDA FL		4.4 CITY-	ST-2IP	PUNTA GORDA	FL.
TITLE		DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME]		
STREET ADDRESS				ADDRESS		
CITY-ST-ZIP			5.4 CITY-	- 1		
TITLE		☐ DELETE	6.1 TITLE		1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	Change Addition
NAME			6.2 NAME			
STREET ADDRESS				ADDRESS		
CHTY - ST - 7IP			64 CITY-			

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Feb 04 1997 8:00am

Secretary of State