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PROFIT CORPORATION ANNUAL REPORT

1996



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

DOCUMENT #

1. Corporation Name

P92000013395 (8)

THE BRERETON COMPANY

SIGNATURE: SIGNATURE AND TYPE

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| | ,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u> | | | | |
|-----------------------------------|--|---------------------------------------|---|---|--|
| Principal Place o | of Business | Mailing Address | | I HARINDOL IND TODIC HIRL DEIN OF | 4)4 88)10 88 191 41893 14188 5115 0 49 791 9110 1881 |
| P.O. BOX 10248 NAPLES FL 33941 | | P.O. BOX 10248 NAPLES FL 33941 | | | |
| | | | | 3. Date incorporated or Qualified 12/18/1992 | 3a. Date of Last Report 01/27/1995 |
| 2. Principa Pla | ce of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| 21 | en la | 26 | | 65-0373302 | Not Applicable |
| Suite, Apt. # 22 | , etc | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| Orty & State | | City & State | | 6. Election Campaign Financing Trust Fund Contribution | S5.00 May Be Added to Fees |
| - Zip - Tij | Country | Ζφ [1] | Country | 8. This corporation has liability for | intangible tax under s. 199.032, |
| 24 | 25 9. Name and Address of Curre | 29 | 30 | Florida Statutes (M) Yes 10. Name and Address of New F | |
| | 3, 140,110 0110 110 110 110 010 01 00110 | The ground of right | 81 Name | Id. Marille and Addition of Notes | logistored regont |
| 650 5TI STE 20 | ton, Barbara a H ave s 7 S FL 33940 | | 82 Street Add 83 84 City (A) | ress PENCAN DAY O | ND 26/V |
| 11 O way to at to | the provinces of Sections 607.050 | 12 and 607 1509. Florida Statu | too, the above passed corps | ration submits this statement for the pur | FL 33/63 |
| or registere | ed agent, or both, in the State of Flor | rida. Such change was authori. | zed by the corporation's boa | ard of directors. I hereby accept the app | ointment as registered agent. I am |
| .`1 | + and accept the obligations of, Sec | elion 607,0505, Florida Statute | s base A Bo | 21-2-577 | 2/1/96 |
| SIGNATURE 💃 | The COLOR OF THE STATE OF THE S | ntand tile if accleance | OTE: Registered Agent signature require | ad when reinstating) | DATE |
| 12. | , : | NO DIRECTORS | 13. | ADDITIONS/CHANGES TO OFF | ICERS AND DIRECTORS IN 12 |
| 1:100 | P | ☐ DELETE | 1 1 THTLE | | Change Addition |
| NAME: | Brereton, William R. | | 1 2 NAME | | |
| STREET ADDRESS | 650 5TH AVE S, #207 | | 1.3 STHEET ADDRESS | | |
| CUTY - \$1 - 7/P | NAPLES FL | | 1.4 CHYY+ST+ZIP | | |
| 7 1 LF | ST | □ DELETE | 2 1 TITLE | | Change Addition |
| NAME | Brereton, Barbara A. | | 2 2 NAME | | |
| STREET ADDRESS | 650 5TH AVE S, #207 | | 2 3 STREET ADDRESS | | |
| CHY-ST-7F | NAPLES FL | THE STREET CO. LANSING STREET, STREET | 2.4 CITY - ST - ZIP | | F1 4 4 100 |
| 111.6 | | DELETE | 3 1 TITLE | | ☐ Change ☐ Addition |
| NAM: | | | 3.2 NAME | | |
| STREET ADDRESS | | | 3.3. STREEF ADDRESS | | |
| CHY-S1-ZIP Talke | | DELFTE | 3 4 CHY-ST-ZIP 4 1 TITLE | | Change Addition |
| NAME . | | [] beaut | 4 2 NAME | | Cl postudo Cl vodupu |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| | | | 4.4 CITY - \$1 - ZIP | | |
| C TY-ST-ZP | | DELETE | 5 1 TITLE | | Change Addition |
| NAM: | | | 5.2 NAME | | _ , _ |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CHY SI-ZiP | | | 5.4 CITY-ST-ZIP | | |
| TILE | | DELETE | 6 1 TITLE | | Change Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6 3 STREET ADDRESS | | |
| C-11-S1-7-P | | | 6 4 CITY - ST - ZIP | | |
| | | | | for the exemption stated in Section 119 ate and that my signature shall have the | |
| oath; that I | | ioration or the receiver or trusti | ee empowered to execute th | ale and macrify signature shall have the his report as required by Chapter 607, Fl | |