

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000047118 (1)**

1. Corporation Name
BREN & PIKE, INC.



Principal Place of Business

**1104 N. COLLIER BLVD.
MARCO ISLAND FL 33937**

Mailing Address

**1104 N. COLLIER BLVD.
MARCO ISLAND FL 33937**

3. Date Incorporated or Qualified
06/13/1995

3a. Date of Last Report

21. Principal Place of Business
1829 Watson Road

2a. Mailing Address
1829 Watson Road

4. FEI Number
65-0601458

Applied For
Not Applicable

22. City & State
Marco Island, FL

27. City & State
Marco Island, FL

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23. Zip
33937

29. Zip
33937

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

9. Name and Address of Current Registered Agent

**GREUSEL, JAMIE B
1104 N. COLLIER BLVD.
MARCO ISLAND FL 33937**

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
FL B5 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0506, Florida Statutes.

SIGNATURE:

Signature of Registered Agent (Type or Print Name)

Signature of Registered Agent (Type or Print Name)

DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREUSEL, JAMIE B	1. TITLE	
STREET ADDRESS	1104 N. COLLIER BLVD.	2. NAME	
CITY, ST, ZIP	MARCO ISLAND FL 33937	3. STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	4. CITY, ST, ZIP	
NAME		1. TITLE	President / Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		2. NAME	Edward P. O'Brien
CITY, STATE, ZIP		3. STREET ADDRESS	1701 Barbados Ave.
NAME	<input type="checkbox"/> DELETE	4. CITY, ST, ZIP	Marco Island, FL 33937
STREET ADDRESS		1. TITLE	Secretary, Trust / Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY, STATE, ZIP		2. NAME	John R. Pike, Jr.
NAME	<input type="checkbox"/> DELETE	3. STREET ADDRESS	1829 Watson Rd.
STREET ADDRESS		4. CITY, ST, ZIP	Marco Island, FL 33937
CITY, STATE, ZIP		5. TITLE	
NAME	<input type="checkbox"/> DELETE	6. NAME	
STREET ADDRESS		7. STREET ADDRESS	
CITY, STATE, ZIP		8. CITY, ST, ZIP	
NAME	<input type="checkbox"/> DELETE	9. TITLE	
STREET ADDRESS		10. NAME	
CITY, STATE, ZIP		11. STREET ADDRESS	
NAME	<input type="checkbox"/> DELETE	12. 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 119.07(3)(k), Florida Statutes. I further certify 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: *

John R. Pike, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

* 2-22-96

394-7681

CR2E034 (12/95)