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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000091108 (5) DOCUMENT # 1. Corporation Name

BRENDAN INVESTMENTS, INC.

Principal Place of Business

Mailing Address

FILED Jul 02 1998 8:00am Secretary of State



9515-D HOLSE PENSACOLA F		9515-D HOLSBERRY RD PENSACOLA FL 32534					
FENSACOLA I	LL 6 2004	PENDAGOLA PE 32304			DO NOT WRITE IN THIS	SPACE	
					3. Date Incorporated or Qualified 10/22/1997		
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For	
21		26			59-3473072	Not Applica	\dashv
Suite, Apt. #, etc.		Suite, Apt. #, etc.				\$8.75 Additional	_
22		27			5. Certificate of Status Desired	Fee Required	_
City & State	9	City & State			6. Election Campaign Financing	\$5.00 May Be	
23		26	· · · · · · · · · · · · · · · · · · ·		Trust Fund Contribution	Added to Fees	_
Zip	Country	Zip	Count	ТУ	8. This corporation owes or has paid the cu		- 1
24	25	29	30			Yes XX No	
	9. Name and Address of Curre	ent Registered Agent		4 1 1	10. Name and Address of New Registered	Agent	
	ITH, MAX L		8	1 Name			I
	5-D HOLSBERRY RD		82 Street Addre		dress (P.O. Box Number is Not Acceptable)		\dashv
PEN	NSACOLA FL 32534		8:	3			\dashv
			<u> </u>				
			B-	1 City	FL	85 Zip Code	
11. Pursuant t	to the provisions of Sections 607 05	02 and 607 1508. Florida Statu	tes, the abo	_l ve-named co			red
office or re	egistered agent, or both, in the Stat	te of Florida. Such change was	authorized t	y the corpora	rporation submits this statement for the purpose of ation's board of directors. I hereby accept the app	pointment as registere	ď
agent. i ar	m ramiliar with, and accept the obli	gations of, Section 607.0505, Fi	onoa Statuti	2 S.			ŀ
SIGNATURE	Signature, typod or printed name of registered a	ocut ace title if applicable (NO)	IF: Registered A	nent sinnature ren	uired when roinstating) DATE		
12.		ND DIRECTORS	13.	gont 4.8. stars red	ADDITIONS/CHANGES TO OFFICERS AN	DIRECTORS IN 12	
TITLE	D	DELETE	1.1 TITLE		47	☐ Change ☐ Addi	tion
NAME	\$MITH, MAX L		1.2 NAME				
STREET ADDRESS	9515-D HOLSBERRY RD			ET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL 32534		1.4 CITY				
TITLE	D	DELETE	2.1 TITLE			☐ Change ☐ Addi	tion
NAME	SMITH, VASSIE	_	2.2 NAME			•	
STREET ADDRESS	9515-D HOLSBERRY RD			ET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL 32534		2. 4 CITY				
TITLE		DELETE	3.1 TITLE		· · · · · · · · · · · · · · · · · · ·	Change Addi	tion
NAME			3.2 NAME	I			
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			3.4. CITY		•		
TITLE		DELETE	4.1 TITLE			☐ Change ☐ Addi	tion
NAME			4. 2 NAM	i .			
STREET ADDRESS				ET ADDRESS			
			4.3 STRU				
CITY-ST-ZIP TITLE		DELETE	5.1 TITLE			Change Addi	tion
		L OLLCIE				C Sumay T From	
NAME OTOGET ADDRESS			5.2 NAME	i i			
STREET ADDRESS				ET ADDRESS			
CITY+ST-ZIP		DELETE	5.4 CITY-			Change Addi	tion
TITLE		ר"ו טנונונ	6.1 TITLE	i i		☐ Andrige ☐ Addi	non
NAME			6.2 NAME				
STREET ADDRESS				ET ADDRESS			
CITY+ST-ZIP	- T-	with this files does not qualify f	6.4 CITY		in Contine 110 07(2)(i) Florida Statutos I further o		

Thereby 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 is 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 release of true compowered 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 or an atach field with an address.

MAX L. SMITH

6/24/98

(850) 484-0491