FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-05/16/95--01012--010
****225.00 ****225.00

DOCUMENT # **259272** **(3)**

1. Corporation Name

~~J. R. BROOKS & SON INC.~~ BROOKS TROPICALS, INC.

MC 11/9/95

Principal Place of Business	Mailing Address
18400 SW 256TH ST HOMESTEAD FL 33090-7009	PO BOX 900160 HOMESTEAD FL 33090 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/23/1962**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business (21): 18400 SW 256 ST
2a. Mailing Address (26):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23): HOMESTEAD, FL
City & State (28):
Zip (24): 33031
Country (25):
Zip (29):
Country (30):

4. FEI Number: **59-0997183** ☐ 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

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

9. Name and Address of Current Registered Agent

BROOKS, N P
18400 SW 256 ST.
HOMESTEAD FL 33090

10. Name and Address of New Registered Agent

81 Name: CORPORATION COMPANY OF MIAMI
82 Street Address (P.O. Box Number is Not Acceptable): 1600 MIAMI CENTER
83: 201 S. BISCAYNE BLVD.
84 City: MIAMI FL 85 Zip Code: 33131

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: Timothy J Murphy Timothy J Murphy Vice Pres 28 APR 95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	BROOKS, N P	1.2 NAME	BROOKS, N.P.	
STREET ADDRESS	18400 S.W. 256 ST.	1.3 STREET ADDRESS	18400 SW 256 ST	
CITY-ST-ZIP	HOMESTEAD, FL 00000	1.4 CITY-ST-ZIP	HOMESTEAD, FL 33031	
TITLE	ST	2.1 TITLE	V/S/T	☒ Change ☐ Addition
NAME	ZAHARAKO, DOROTHY	2.2 NAME	WHEELING, STEVEN CRAIG	
STREET ADDRESS	18400 S.W. 256 ST.	2.3 STREET ADDRESS	18400 SW 256 ST.	
CITY-ST-ZIP	HOMESTEAD FL	2.4 CITY-ST-ZIP	HOMESTEAD, FL 33031	
TITLE	V	3.1 TITLE	V	☒ Change ☐ Addition
NAME	WHEELING, CRAIG	3.2 NAME	SCHAEFER, WILLIAM C.	
STREET ADDRESS	18400 S.W. 256 ST.	3.3 STREET ADDRESS	18400 SW 256 ST	
CITY-ST-ZIP	HOMESTEAD, FL 00000	3.4 CITY-ST-ZIP	HOMESTEAD, FL 33031	
TITLE	V	4.1 TITLE	V	☒ Change ☐ Addition
NAME	ZAHARAFO, DOROTHY	4.2 NAME	HUNT, MICHAEL O.	
STREET ADDRESS	18400 SW 256 ST	4.3 STREET ADDRESS	18400 SW 256 ST.	
CITY-ST-ZIP	HOMESTEAD FL	4.4 CITY-ST-ZIP	HOMESTEAD, FL 33031	
TITLE	V	5.1 TITLE	AS	☒ Change ☐ Addition
NAME	SCHAEFER, WILLIAM	5.2 NAME	KAHLE, DOLF	
STREET ADDRESS	1840 SW 256 ST	5.3 STREET ADDRESS	18400 SW 256 ST.	
CITY-ST-ZIP	HOMESTEAD FL	5.4 CITY-ST-ZIP	HOMESTEAD, FL 33031	
TITLE		6.1 TITLE	D	☒ Change ☐ Addition
NAME		6.2 NAME	EPLING, ROBERT	
STREET ADDRESS		6.3 STREET ADDRESS	18400 SW 256 ST.	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	HOMESTEAD, FL 33031	

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

SIGNATURE: Craig Wheeling 4/26/95 247-3544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)
STEVEN CRAIG WHEELING

0118566 CP