

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

05 MAY -1 AM 11:12

REGISTRY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 222777 (5)

1. Corporation Name

BREVARD ENGINEERING CO.

Principal Place of Business

PO BOX 1630
8680 N ATLANTIC AVE
CAPE CANAVERAL FL 32920

Mailing Address

8680 N ATLANTIC AVENUE
8680 N ATLANTIC AVE
CAPE CANAVERAL FL 32920
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/20/1959

3a. Date of Last Report

05/01/1994

4. FEI Number

59-0939510

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199 (1)(2)
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 PO Box 1630

27 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

STOTTLER JR, RICHARD H
8280 N ATLANTIC AVE
CAPE CANAVERAL FL 32920

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME

PD
STOTTLER JR, RICHARD H
8680 N ATLANTIC AVE
CAPE CANAVERAL FL

TITLE
NAME

VD
WASDIN, THOMAS E.
7980 N ATLANTIC AVE
CAPE CANAVERAL FL

TITLE
NAME

TD
MCLOUTH, MALCOLM E
7980 N ATLANTIC AVE
CAPE CANAVERAL, FL 00000

TITLE
NAME

VD
PEKAR, JOHN A.
8680 N ATLANTIC AVE
CAPE CANAVERAL FL

TITLE
NAME

SD
DEEVERS, JUDITH
8680 N ATLANTIC AVE
CAPE CANAVERAL FL

TITLE
NAME

SD
DEEVERS, JUDITH
8680 N ATLANTIC AVE
CAPE CANAVERAL FL

TITLE
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NAME

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8680 N ATLANTIC AVE
CAPE CANAVERAL FL

TITLE
NAME

SD
DEEVERS, JUDITH
8680 N ATLANTIC AVE
CAPE CANAVERAL FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

7.1 TITLE
7.2 NAME
7.3 STREET ADDRESS
7.4 CITY - ST - ZIP

☐ Change ☐ Addition

8.1 TITLE
8.2 NAME
8.3 STREET ADDRESS
8.4 CITY - ST - ZIP

☐ Change ☐ Addition

9.1 TITLE
9.2 NAME
9.3 STREET ADDRESS
9.4 CITY - ST - ZIP

☐ Change ☐ Addition

10.1 TITLE
10.2 NAME
10.3 STREET ADDRESS
10.4 CITY - ST - ZIP

☐ Change ☒ Addition

D
STARMER, WILLIAM E
8680 N ATLANTIC AVE
CAPE CANAVERAL FL 32920

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)(b), 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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number