

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **278948** (5)

1. Corporation Name

THE BRENTWOOD COMPANY, INCORPORATED



Principal Place of Business

Mailing Address

ROUTE 1, BOX 1
P.O. BOX 369
ARCHER FL 32618-0369
US

ROUTE 1, BOX 1
P.O. BOX 369
ARCHER FL 32618-0369
US

2. Principal Place of Business

2a. Mailing Address

21 14803 SW State Rd. 45

26 14803 SW State Rd. 45

Site, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 P.O. Box 369
City & State

23 Archer, FL

28 Archer, FL

24 Zip Country

29 Zip Country

32618-0369 25 US

30 32618-0369 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TAYLOR, C. G.
ROUTE 1, BOX 1
ARCHER 32618

81 Name **John Brentwood Taylor**

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

14803 SW State Rd. 45

83

84 City **Archer**

FL

85 Zip Code **32618**

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 *John Brentwood Taylor*

John Brentwood Taylor, President

1/18/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	TAYLOR, C.G.	
STREET ADDRESS	ROUTE 1 BOX 1	
CITY-STATE-ZIP	ARCHER FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	TAYLOR, NANCY L.	
STREET ADDRESS	ROUTE 1, BOX 1	
CITY-STATE-ZIP	ARCHER FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	TAYLOR, BRENT	
STREET ADDRESS	3008 SW 130TH TERRACE	
CITY-STATE-ZIP	ARCHER FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MUNYON, LISA D.	
STREET ADDRESS	732 HEATHER GLEN CIRCLE	
CITY-STATE-ZIP	LAKE MARY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	14803 SW State Road 45
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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 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: *Nancy L. Taylor* Sec. Treas. Nancy L. Taylor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sec. Treas. 1-18-96 352-495-3851
Date Office Phone #

CR2E034 (12/95)