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 APR 13 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **286564** **(0)**

1. Corporation Name
BRIERWOOD BUILDERS, INC.

Principal Place of Business	Mailing Address
8729 OLD KINGS RD **JACKSONVILLE FL 32217**	**8729 OLD KINGS RD** **JACKSONVILLE FL 32217**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **10/30/1964**	3a. Date of Last Report: **04/25/1994**
4. FEI Number: **59-1060661**	☐ 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
21 Principal Place of Business:	26 Mailing Address:
22 Suite, Apt. #, etc.:	27 Suite, Apt. #, etc.:
23 City & State:	28 City & State:
24 Zip / 25 Country:	29 Zip / 30 Country:
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

SELBER,PHILIP
~~**500 EDWARD BALL BLDG.**~~
JACKSONVILLE FL 32202-4388

10. Name and Address of New Registered Agent

81 Name:

82 Street Address (P.O. Box Number Is Not Acceptable): **50 N. Laura Street, Suite 3900**

83:

84 City: **Jacksonville** **FL** 85 Zip Code: **32202**

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	11 TITLE		☐ Change ☐ Addition
NAME	BERNARD, EDWARD E	12 NAME		
STREET ADDRESS	8729 OLD KINGS RD	13 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	SETZER, LEONARD R.	22 NAME		
STREET ADDRESS	2823 FOREST CIRCLE CT.	23 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP		
TITLE	VD	31 TITLE		☐ Change ☐ Addition
NAME	KRAMER, MIRIAM	32 NAME		
STREET ADDRESS	6000 SAN JOSE BLVD 801	33 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	34 CITY-ST-ZIP		
TITLE	SD	41 TITLE		☐ Change ☐ Addition
NAME	SELBER, LEONARD A.	42 NAME		
STREET ADDRESS	959 MAPLE LN	43 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	44 CITY-ST-ZIP		
TITLE	VD	51 TITLE		☐ Change ☐ Addition
NAME	FLETCHER, JULIUS	52 NAME		
STREET ADDRESS	4041 BARCELONA AVE.	53 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 00000	54 CITY-ST-ZIP		
TITLE	PD	61 TITLE		☒ Change ☐ Addition
NAME	SELBER, PHILIP	62 NAME		
STREET ADDRESS	~~500 EDWARD BALL BLDG.~~	63 STREET ADDRESS	50 N. Laura Street, Suite 3900	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	64 CITY-ST-ZIP	Jacksonville, FL	

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****200.00 ****200.00

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)(i), 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: _____ Philip Selber, President 4-12-95 (904)353-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CP