

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
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 289536 (5)

1. Corporation Name

COUNCIL BROTHERS, INC.

95 JAN 24 PM 3: 01

Principal Place of Business

1872 MILLS ST
P O BOX 2497
TALLAHASSEE FL 32310

Mailing Address

1872 MILLS ST
P O BOX 2497
TALLAHASSEE FL 32310

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		02/04/1965		01/24/1994	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 City & State		28 City & State		59-1088592		Not Applicable	
24 Zip		29 Country		5. Certificate of Status Desired		☒ \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution		☐ \$5.00 May Be Added to Fees	
26		31		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

COUNCIL, LUTHER E
1872 MILLS ST
TALLAHASSEE FL

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 title if any (Article 6)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DSY	1.1 TITLE	☐ Change ☐ Addition
NAME	COUNCIL, NANCY T	1.2 NAME	
STREET ADDRESS	1844 CHARDONNAY PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 00000	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	☐ Change ☐ Addition
NAME	TOWNSEND, PAUL T.	2.2 NAME	
STREET ADDRESS	2040 GRAY BIRCH WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 00000	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	☐ Change ☐ Addition
NAME	COUNCIL, LUTHER E	3.2 NAME	
STREET ADDRESS	1844 CHARDONNAY PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 00000	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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 110.07(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 1; or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR

NANCY T. COUNCIL

Date

Daytime Phone #

1-12-95 576-1202