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

**PROFIT** CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # 34842/0					
1. Corporation Name					
JO	HN BROXSON & ASSOCI	ATES			
Principal Place of Business Mailing Address				_	
2962 RANCHETTE SQUARE 2962 RANCHE			ETTE SQUARE		
·			E, FL 32561		
•			,	3. Date Incorporated or Qualified 06/25/1969	3a. Date of Last Report 05/01/1995
— ¬ '		2a. Mailing Address		4. FEI Number	Applied For
21 26				59-1268622	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State City & State				6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Ζιρ	Country	Zip	Country	8. This corporation has liability for int	angible tax under s. 199,032,
24	25	29	30	Florida Statutes 🔀 Yes	<del></del> "
	9. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent
			81 Name		
BROXSON, JOHN R.				iress (P.O. Box Number is Not Acceptable)	
Y			83		
GULF BREEZE, FL 32561					
,			84 City		FL 85 Zip Code
11. Pursuant to	o the provisions of Sections 607.0502	and 607.1508, Florida Statut	es, the above-named corpo	oration submits this statement for the purpo	ose of changing its registered office
or registere	ed agent, or both, in the State of Floric h, and accept the obligations of, Secti	da. Such change was authoriz	red by the corporation's boa	and of directors. I hereby accept the appoin	ntment as registered agent. I am
SIGNATURE _	3		-		
Signature, typed or printed name of registered agent and title if applicable (NOT			OTE: Registered Agent signature requir		DATE
12. Till.E	OFFICERS AND	DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	PD		1.2 NAME		Change Addition
STREET ADDRESS	BROXSON, JOHN R.		1.3 STREET ADDRESS		
CITY-ST-ZIP	GULF BREEZE, FL SQUARE		1.4 City-St-ZiP		
TOLE	STD	DELETE	2 1 TITLE		Change Addition
NAME	BROXSON, CHRISTINA	С.	2 2 NAME		
STREET ADDRESS	0000		2 3 STREET ADDRESS		
CITY - ST - ZIP	GULF BREEZE, FL 32		2 4 CITY-ST-ZIP		
111LF		☐ DELETE	3 1 TITLE		☐ Change ☐ Addition
. NAME			3 2 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY - ST - ZIP		E) or ere	3 4 CITY - ST - ZIP		
TITLE		DELETE	4 1 TITLE		Change Addition
NAME CIRCLE ADDRESS			4 2 NAME		
STREET ADDRÉSS CITY-ST-ZIP			4.3 STREET ADDRESS		
TITLE		DELETE	4 4 City-St-ZiP 5 1 Title	10000179	3 Edunge Addition
NAME			5.2 NAME	-04/25/960101	2040
STREET ADDRESS			5.3 STREET ADDRESS	***200.00	
CITY - ST - ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	6 1 TITLE		Change Addition
NAME			6 2 NAME		5 N. U
STREET ADDRESS			6.3 STREET ADDRESS		74.5
CITY-ST-ZIP	goodify that the information are also	with this files is not set of	64 CITY-ST-ZIP	for the exemption stated in Section 119.0	7/0)/(A) Florida Ctatutas 15 des
I do heteb	у сениу инастив иноптивноп ѕорряест	with this ining is voluntarily full	naneu anu ques not quality	TOT ILES EXEMPLION SIZILEO IN SECTION 119.07	I ISINA, FIUNIA SIAIUTES. I TURNET 📗

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: x 7

The NAME OF STRING OFFICER ON DIRECTOR LUAS - X 4-22-96 X 904-932-