

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 29 1998 8:00am
Secretary of State

2690110

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **348426** (8)

1. Corporation Name
JOHN BROXSON & ASSOCIATES, INC.

Principal Place of Business 2962 RANCHETTE SQUARE GULF BREEZE FL 32561 US	Mailing Address 2962 RANCHETTE SQUARE GULF BREEZE FL 32561 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/25/1969

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

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8. Name and Address of Current Registered Agent
**BROXSON, JOHN R
2962 RANCHETTE SQUARE
GULF BREEZE FL 32561**

81 Name

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

83

84 City

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

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **BROXSON, JOHN R**
STREET ADDRESS **2962 RANCHETTE SQUARE**
CITY-ST-ZIP **GULF BREEZE FL 32561**

TITLE **STD** ☐ DELETE
NAME **BROXSON, CHRISTINA C**
STREET ADDRESS **2962 RANCHETTE SQUARE**
CITY-ST-ZIP **GULF BREEZE FL 32561**

TITLE ☐ DELETE
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CITY-ST-ZIP

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CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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: **CHRISTINA C BROXSON, Sec TR**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/24/98 850-932-2617

CR2E034 (5/98)