## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(5)

BRAY	TON & BRAYTON, ACCOUN	TANTS, INCORPORATED	)	!	    01841 01811 01011 01611 1081
					I SPEN SIEN EINE SIEN SEE
ì	ce of Business	Mailing Address			
P.O. BOX 1025 (ZIP-34298-1025) P.O. BOX 700247					
246 E. FT. DADE AVE. 1217 KENTUCKY AVENUI BROOKSVILLE FL 34601-2612 ST. CLOUD FL 34770			DO NOT WRITE IN THIS	SPACE	
DIOCHUTIC	LL 12 04001-2012	US		3. Date Incorporated or Qualified	OF ACE
				05/23/1972	
2. Principal	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-1409994	Not Applicable
Suite, Ap	t. #. etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Ste	ite	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	6. This corporation owes or has paid the cu	
24	25	29	10		Yes No
	9. Name and Address of Curre			10. Name and Address of New Registered	Agent
В	RAYTON, CHARLES A.		81 Name		
24	16 FORT DADE AVENUE		82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
BI	ROOKSVILLE FL 34601		01/00/ 700/	ess (1.0. box rearriser is rear Acceptable)	
			83		
			24 20		
			84 City	· FL	85 Zip Code
11. Pursuan	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	s, the above-named corp		of changing its registered
office or	registered agent, or both, in the State	e of Florida, Such change was au	thorized by the corporati	oration submits this statement for the purpose of ion's board of directors. I hereby accept the app	pointment as registered
1	"	galions of, Section 607:0303, Fibri	ida Statulos.		
SIGNATURE	Signature typed or printed name of registered ag	ent and tilly if applicable (NOTE	Registered Agent signature require	ed when reinstating) DATE	
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	PO	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BRAYTON, CHARLES A		1.2 NAME		
STREET ADDRESS	806 S. 21ST STREET		1.3 STREET ADDRESS		
CITY+ST-ZIP	DADE CITY FL		1.4 CITY-ST-ZIP	•	•
TITLE	DSVP	DELETE	2.1 TITLE		Change Addition
NAME	BRAYTON, KRISTIN J		2.2 NAME		
STREET ADDRESS	OAAR ODANE COURT		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST CLOUD FL		2. 4 CITY-ST-ZIP	_	
TITLE	<u> </u>	DELETE	3.1 TITLE	***	Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE	<del> </del>	DELETE	4.1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	<u> </u>	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition
		F-) pircit			E OKRIBA E MORRONI
NAME ATTECT ADDRESS			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		T DOLETE	5.4 CITY-ST-ZIP		Change L Addison
TITLE		DELETE	6 1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			64 CITY - ST - 7IP		

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 supplicmental 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 chapter, or on an attachment with an address.

**FILED** 

Mar 04 1998 8:00am

Secretary of State