

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 464835 (8)

1. Corporation Name

H. BRATTLOF CONSTRUCTION CO., INC.



Principal Place of Business

Mailing Address

5 FLA. PARK DRIVE
P O BOX 351429
PALM COAST FL 32135-1429

5 FLA. PARK DRIVE
P O BOX 351429
PALM COAST FL 32135-1429

3. Date Incorporated or Qualified
11/12/1974

3a. Date of Last Report
01/26/1995

2. Principal Place of Business

2a. Mailing Address

21 7 FLORIDA PARK DR.

26 P.O. Box 351429

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE F

27

City & State

City & State

23 Palm Coast FL

28 Palm Coast FL

Zip Country

Zip Country

24 32137

25 USA

29 32135-1429

30 USA

4. FEI Number

59-1557642

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLALOCK, HOLBROOK & AKEL, P.A.
INDEPENDENT SQUARE, SUITE 2301
JACKSONVILLE FL 32202

81 Name

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

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME BRATTLOF, HERBERT C
STREET ADDRESS 9 CAPRI CT
CITY-ST-ZIP PALM COAST FL 32137

TITLE VPST ☐ DELETE
NAME THORNHILL, LESLIE B
STREET ADDRESS 105 ADDISON DRIVE
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE TD ☐ DELETE
NAME GARDNER, NANCY L
STREET ADDRESS 1004 S FLAGLER AVENUE
CITY-ST-ZIP FLAGLER BEACH FL 32136

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME VPST
2.3 STREET ADDRESS THORNHILL, LESLIE B.
2.4 CITY-ST-ZIP 4324 OLD A.I.A. SOUTH
PALM COAST, FL 32137

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME D
4.3 STREET ADDRESS THORNHILL, DARRYL L.
4.4 CITY-ST-ZIP 4324 OLD A.I.A. SOUTH
PALM COAST, FL 32137

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/12/96 904 445-3044

CR2E034 (12/95)