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

APPROVED AND FILED

'95 APR 10 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **517382** **(8)**

1. Corporation Name

BOB BRASH SALES, INC.

Principal Place of Business	Mailing Address
180 BARTOW MUNICIPAL AIRPORT BARTOW FL 33830	180 BARTOW MUNICIPAL AIRPORT BARTOW FL 33830

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/28/1976
3a. Date of Last Report: 04/25/1994

2. Principal Place of Business
21: 1340 U.S. HWY 92 WEST
22 Suite, Apt. #, etc.:
23 City & State: AUBURNDALE FL.
24 Zip: 33823 25 Country: POLK

2a. Mailing Address
26: 1340 U.S. HWY 92 WEST
27 Suite, Apt. #, etc.:
28 City & State: AUBURNDALE FL.
29 Zip: 33823 30 Country: POLK

4. FEI Number: 59-1701112 ☐ 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

BRASH, ROBERT D.
180 BARTOW MUNICIPAL AIRPORT
BARTOW FL 33830

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 1340 U.S. HWY 92 WEST
83:
84 City: AUBURNDALE FL 85 Zip Code: 33823

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: Robert D. Brash ROBERT D. BRASH MARCH 20, 95
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	11 TITLE	P.D.	☒ Change ☐ Addition
NAME	BRASH, ROBERT D.	12 NAME	BRASH ROBERT D.	
STREET ADDRESS	180 BARTOW MUNICIPAL AIR	13 STREET ADDRESS	1340 U.S. HWY 92 WEST	
CITY-ST-ZIP	BARTOW FL	14 CITY-ST-ZIP	AUBURNDALE FL. 33823	
TITLE	VD	21 TITLE	VP	☒ Change ☐ Addition
NAME	CALABRO, FRANK	22 NAME	CALABRO FRANK	
STREET ADDRESS	180 BARTOW MUNICIPAL AIR	23 STREET ADDRESS	1340 U.S. HWY 92 WEST	
CITY-ST-ZIP	BARTOW FL	24 CITY-ST-ZIP	AUBURNDALE FL. 33823	
TITLE	STD	31 TITLE		☐ Change ☐ Addition
NAME	LYNEN, RICHARD F.	32 NAME	OMIT	
STREET ADDRESS	180 BARTOW MUNICIPAL AIR	33 STREET ADDRESS	NO LONGER WITH CORPORATION	
CITY-ST-ZIP	BARTOW FL	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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: Robert D. Brash ROBERT D. BRASH 3-20-95 813 967-0143
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0316484 CP