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Apr 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 517382 (8)

1. Corporation Name
BOB BRASH SALES, INC.

Principal Place of Business

1340 US HWY 92 W
AUBURNDALE FL 33823
US

Mailing Address

1340 US HWY 92 W
AUBURNDALE FL 33823-4002
US



3. Date Incorporated or Qualified 10/28/1976
3a. Date of Last Report 05/01/1996

2. Principal Place of Business 21 550 Ave., J, SE
2a. Mailing Address 26 550 Ave., J, SE
4. FEI Number 59-1701112
Applied For Not Applicable

22 Suite Apt. #, etc.
27 Suite, Apt. #, etc.
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 WINTER HAVEN, FL
City & State 28 WINTER HAVEN, FL
City & State
24 33880 25 POLK
Zip Country 29 33880 30 POLK
Zip Country

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.
1340 US HWY 92 W
AUBURNDALE FL 33823

10. Name and Address of New Registered Agent

81 Name ROBERT D. BRASH
82 Street Address (P.O. Box Number is Not Acceptable) 550 AVE., J, SE
83
84 City WINTER HAVEN FL 85 Zip Code 33880

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, Pres. DATE 4-3-97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRASH, ROBERT D.	1.2 NAME	Robert D. Brash
STREET ADDRESS	1340 US HWY 92 W	1.3 STREET ADDRESS	550 Ave. J, SE
CITY-ST-ZIP	AUBURNDALE FL	1.4 CITY-ST-ZIP	Winter Haven, FL 33880
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALABRO, FRANK	2.2 NAME	Frank Calabro
STREET ADDRESS	1340 US HWY 92 W	2.3 STREET ADDRESS	550 Ave. J, SE
CITY-ST-ZIP	AUBURNDALE FL	2.4 CITY-ST-ZIP	Winter Haven, FL 33880
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: Robert D. Brash DATE 4-3-97 941-299-6884
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)