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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 19 AM 9:50

DOCUMENT # **521194** **(1)**

1. Corporation Name
BRINKERHOFF PROPERTY MANAGEMENT, INC.

Principal Place of Business
154 S PENINSULA DRIVE
DAYTONA BEACH FL 32118-4490

Mailing Address
154 S PENINSULA DRIVE
DAYTONA BEACH FL 32118-4490

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/24/1976
3a. Date of Last Report: 04/14/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 59-1712380 — 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 § 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
BRINKERHOFF, DAVID J.
1034 JUNE TERR.
SOUTH DAYTONA FL 32119

10. Name and Address of New Registered Agent
81 Name: Brinkerhoff, Elizabeth A
82 Street Address (P.O. Box Number is Not Acceptable): 4636 Golden Apples Trail
83
84 City: Port Orange FL
85 Zip Code: 32119

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: Elizabeth A. Brinkerhoff — 1/13/95
Signature (typed or printed name of registered agent and title if applicable) — (NOTE: Registered Agent signature required when resigning) — (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST	1.1 TITLE	☐ Change ☐ Addition
NAME	BRINKERHOFF, ELIZABETH A	1.2 NAME	
STREET ADDRESS	4636 GOLDEN APPLES TR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	BRINKERHOFF, DAVID J.	2.2 NAME	
STREET ADDRESS	1035 JUNE TERR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTH DAYTONA FL 32119	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	☐ Change ☐ Addition
NAME	BRINKERHOFF, ERIC	3.2 NAME	
STREET ADDRESS	1114 AVENUE J.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BCH., FL 00000	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	☒ Change ☐ Addition
NAME	BRINKERHOFF, STACY	4.2 NAME	Brinkerhoff, Stacy
STREET ADDRESS	1124 AVENUE K	4.3 STREET ADDRESS	3541 Red Barn Lane
CITY-ST-ZIP	ORMOND BCH, FL 00000	4.4 CITY-ST-ZIP	Ormond Beach Fl 32174
TITLE	VP	5.1 TITLE	☒ Change ☐ Addition
NAME	MOLTANE, STEPHEN	5.2 NAME	Moltane, Stephen
STREET ADDRESS	56 LEMON TWIST LANE	5.3 STREET ADDRESS	220 River Bluff Drive
CITY-ST-ZIP	PORT ORANGE FL	5.4 CITY-ST-ZIP	Ormond Beach Fl 32174
TITLE		6.1 TITLE	☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(h), 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: Elizabeth A. Brinkerhoff — 1/12/95 — 904-258-3802
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Area Code & Daytime Telephone Number

0008903 CP