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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # 1. Corporation Name 527050

(9)

TOMMIE BROACH & ASSOCIATES, INC.

FILED

Apr 30 1997 8:00am

Secretary of State

Principal Place of Business	Mailing Address		T TO DESCRIPTION OF SEC.	I INDIAN BEIND HOUR ANDER ANDER BEINE DOLL DIGES BEDIN GEREL DIGES DELIN ALDES		
4625 LENOX AVENUE JACKSONVILLE FL 32205	P O BOX 6697 JACKSONVILLE FL 32236-6697					
	US		3. Date Incorpora 02/21/1977	· · · · · · · · · · · · · · · · · · ·	3a. Date of Last Report 05/01/1996	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	·········	Applied For	
21 440 Lenox Sy	uare 26		59-17231:	34	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of S	-	\$8.75 Additional	
22	27	····			Fee Required	
City & State	City & State		6. Election Camp Trust Fund Cor		\$5.00 May Be	
Zip Country	28 Zip	Country			J Added to Fees	
3254 25	29	30	Florida Statute		angible tax under s. 199.032, res - 🔲 No	
7 [20]	of Current Registered Agent	[30]		dress of New Regis		
BROACH, TOMMIE		81 N	ame		· · · · · · · · · · · · · · · · · · ·	
4625 LENOX AVENUE		82 S	root Addrage /P.O. Pay Numbe	r in Not Assentable		
JACKSONVILLE FL 32205		02	real Address (8.0. Box Number	7 Cooptable		
577710 G 1771111111 1 G 05500		83	440 Lenox	Square		
		84 C	Jackson,	110	El 85 Zip Code 3/	
	the obligations of, Section 607.0505 equatived agent and little "applicable CERS AND DIRECTORS	, Florida Statutes. (NOTE: Registered Agent signal.	nature required when reinslating)		DATE RS AND DIRECTORS IN 12	
THE PST	DELETE	1 1 TITLE			Change	
BROACH, TOMMIE J		1.2 NAME	1-11/01		W. A. C.	
STREET ADDRESS 772 ENNIS DR.		1.3 STREET ADD	1655 564 Golo	Cen Zi	ne unive	
CHY-ST-Z-P ORANGE PARK FL	- Locusto	1.4 CITY-ST-ZI	Orange	ranc	FC SAGI	
THE D	☐ DELETE	2.1 TITLE			Change L Addition	
NAME BROACH, TOMMIE J STREET ADDRESS 772 ENNIS DRIVE		2.2 NAME 2.3 STREET ADD	RESS 564 Gol	des Li	ake Drive	
ABAMAE BABY E			(3)	Park	121 32077	
OTT-ST ZIP ORANGE PARK PL	DELETE	2.4 CITY-\$1-Z	7		Change	
NAME DARM, ADAM E		3.2 NAME		_	.	
STREET ADDRESS 772 ENNIS DRIVE		3.3 STREET ADD	RESS 15704 GO	den L	inka Drive	
CHY-SI-ZIP ORANGE PARK FL		3.4. CITY-ST-ZI	Oranel	Park	FL 33073	
THLE	DELETE	4.1 TITLE	0		☐ Change ☐ Addition	
NAME		4.2 NAME				
STREET ADDIN 55		4.3 STREET ADD	RESS			
CITY ST-ZF		4.4 CITY-ST-ZI	<u> </u>			
DICE	☐ DELETE	51 TITLE			Change Addition	
NAME		5.2 NAME				
STREET ADDRESS		5.3 STREET ADD	RESS			
CHY-St-76°		5.4 CITY - ST - ZI	0		· · · · · · · · · · · · · · · · · · ·	
THILE	DELETE	6.1 TITLE		-	☐ Change ☐ Add:tion	
NAME		6.2 NAME				
STEELT ADDRESS		6.3 STREET ADD	RESS			
C(1) - S* - 7(P)		6 4 CITY-S1 - 71	<u> </u>			

14. Los 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: