

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

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May 01 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 570205 (5)**  
 1. Corporation Name  
**HANFORD G. BRACE, P.A.**



Principal Place of Business  
**6801 US HWY 27 N. STE B-4 SEBRING FL 33870**

Mailing Address  
**6801 US HWY 27 N. STE B-4 SEBRING FL 33870**

DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b> <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country		<b>2a. Mailing Address</b> <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country		<b>3. Date Incorporated or Qualified</b> <b>04/24/1978</b>
<b>4. FEI Number</b> <b>59-1791957</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
<b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No				

<b>9. Name and Address of Current Registered Agent</b> <b>BRACE, HANFORD G.</b> <b>6801 US HWY 27 N. STE B-4 SEBRING FL 33870</b>		<b>10. Name and Address of New Registered Agent</b> <b>81 Name</b> <b>BRACE, HANFORD G</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>1575 OLEANDER DR.</b> <b>83</b> <b>84 City</b> <b>AVON PARK</b> <b>FL</b> <b>85 Zip Code</b> <b>33825</b>	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstalling) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	BRACE, HANFORD G	1.2 NAME	Hanford G BRACE
STREET ADDRESS	6801 US HWY 27 N, #B-4	1.3 STREET ADDRESS	1575 OLEANDER DR
CITY-ST-ZIP	SEBRING FL	1.4 CITY-ST-ZIP	AVON PARK FL 33825
TITLE	SV	2.1 TITLE	SV
NAME	BRACE, ONA J	2.2 NAME	ONABRACE
STREET ADDRESS	6801 US HWY 27 N, #B-4	2.3 STREET ADDRESS	1575 OLEANDER DR
CITY-ST-ZIP	SEBRING FL	2.4 CITY-ST-ZIP	AVON PARK FL 33825
TITLE	P	3.1 TITLE	P
NAME	BRACE, HG	3.2 NAME	Hanford BRACE
STREET ADDRESS	6801 US HWY 27 N, #B-4	3.3 STREET ADDRESS	1575 OLEANDER DR
CITY-ST-ZIP	SEBRING FL	3.4 CITY-ST-ZIP	AVON PARK FL 33825
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: *Hanford G. Brace* *Hanford G. Brace* *4/24/98 941-454-8991*

CR2E034 (10/97)