

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

FILED

Mar 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 636066 (3)

1. Corporation Name
HENRY F. BREWER, INC.

Principal Place of Business
**1500 HWY 17-92 NORTH
HAINES CITY FL 33844**

Mailing Address
**1500 HWY 17-92 NORTH
HAINES CITY FL 33844-8455**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/13/1979	3a. Date of Last Report 03/18/1996
21. Suite, Apt. #, etc.	26. 950 Diamond Acres Rd.	4. FEI Number 59-1938101		Applied For Not Applicable	
22. City & State	27. Davenport	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. 33837-9016	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country	29. Polk	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**BREWER, HENRY F II
921 N DIAMOND ACRES RD
DAVENPORT FL 33837**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City **FL** 85. Zip Code

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

(Signature, type 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 VP	<input type="checkbox"/> DELETE	1.1 TITLE BREWER, HENRY F.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BREWER, HENRY F.		1.2 NAME	
STREET ADDRESS 1500 HIGHWAY 17-92 N.		1.3 STREET ADDRESS 950 Diamond Acres Rd.	
CITY - ST - ZIP HAINES CITY FL		1.4 CITY - ST - ZIP DAVENPORT, FL 33837-9016	
TITLE P	<input type="checkbox"/> DELETE	2.1 TITLE BREWER, HENRY F II	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BREWER, HENRY F II		2.2 NAME	
STREET ADDRESS 921 N DIAMOND ACRES RD		2.3 STREET ADDRESS 1908 GREGORY DRIVE	
CITY - ST - ZIP DAVENPORT FL		2.4 CITY - ST - ZIP TAMPA, FL 33613	
TITLE S	<input type="checkbox"/> DELETE	3.1 TITLE BREWER, BEVERLY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BREWER, BEVERLY		3.2 NAME	
STREET ADDRESS 1500 HWY 17-92N		3.3 STREET ADDRESS 950 DIAMOND ACRES RD	
CITY - ST - ZIP HAINES CITY FL		3.4 CITY - ST - ZIP DAVENPORT, FL 33837-9016	
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: *Beverly B. Brewer* **BEVERLY B. BREWER, 3-24-97 941-422-7163**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)