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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

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

3. Date Incorporated or Qualified: 09/13/1979
3a. Date of Last Report: 03/18/1996
4. FEI Number: 59-1938101
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc.
22 City & State
23 Zip: 24 Country
2a. Mailing Address: 26 950 Diamond Acres Rd.
27 Suite, Apt. #, etc.
28 City & State: Davenport
29 Zip: 33837-9016
30 Country: Polk

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
85 Zip Code: FL

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: _____ DATE: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	BREWER, HENRY F.	
STREET ADDRESS	1500 HIGHWAY 17-92 N.	
CITY - ST - ZIP	HAINES CITY FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	BREWER, HENRY F II	
STREET ADDRESS	921 N DIAMOND ACRES RD	
CITY - ST - ZIP	DAVENPORT FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BREWER, BEVERLY	
STREET ADDRESS	1500 HWY 17-92N	
CITY - ST - ZIP	HAINES CITY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	950 Diamond Acres Rd.
1.4 CITY - ST - ZIP	DAVENPORT, FL 33837-9016
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1908 GREGORY DRIVE
2.4 CITY - ST - ZIP	TAMPA, FL 33613
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	950 DIAMOND ACRES RD
3.4 CITY - ST - ZIP	DAVENPORT, FL 33837-9016
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)