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FILED
Apr 16 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 # 681632 (6)
1. Corporation Name
T.H. BROOKS AND ASSOCIATES, INC.



Principal Place of Business
1779 A S ORANGE BLOSSOM TR
APOPKA FL 32703

Mailing Address
1779 A S ORANGE BLOSSOM TR
APOPKA FL 32703-7725

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

OWEN, RICHARD B
390 SOUTH US HWY 17-92
CASSELBERRY FL 32707

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

08/11/1980

3a. Date of Last Report

05/01/1996

4. FEI Number

59-2030380

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 s. 193.032,
Florida Statutes

☐ Yes ☐ No

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent, if applicable

(600E) Registered Agent signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS

TITLE ~~DEPT~~
NAME BROOKS, THEODORE H.
STREET ADDRESS 4568 NORTH LANE
CITY-ST-ZIP ORLANDO FL

☐ DELETE

TITLE ~~SDT~~
NAME ~~BROOKS, MARJORIE~~
STREET ADDRESS ~~4568 NORTH LANE~~
CITY-ST-ZIP ~~ORLANDO FL~~

☒ DELETE

TITLE ~~VP~~
NAME ~~SMITH, DOUGLAS A.~~
STREET ADDRESS 4117 FAIRVIEW VISTA #108
CITY-ST-ZIP ORLANDO FL

☒ DELETE

TITLE V
NAME BOISSONEAULT, LLOYD H
STREET ADDRESS 703 DORADO COURT
CITY-ST-ZIP BRANDON FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE DPT
12 NAME BROOKS, THEODORE H.
13 STREET ADDRESS 4548 NORTH LANE
14 CITY-ST-ZIP ORLANDO FL 32808

☒ Change ☐ Addition

21 TITLE SDVP
22 NAME BROOKS, GREGORY K.
23 STREET ADDRESS 4568 NORTH LANE
24 CITY-ST-ZIP ORLANDO FL 32808

☐ Change ☒ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

☐ Change ☐ Addition

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

Theodore H. Brooks

/THEODORE H. BROOKS 3/23/97 4:00 PM 32703-7725

CR2E034 (9/96)