

4-16-98 B4842C
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4415 PARKREEZE COURT Suite, Apt. #, etc. 22 City & State 23 ORLANDO, FLORIDA Zip 24 32808		2a. Mailing Address 26 4415 PARKBREEZE COURT Suite, Apt. #, etc. 27 City & State 28 ORLANDO, FLORIDA Zip 29 32808		3. Date Incorporated or Qualified 08/11/1980	
Country 25 USA		Country 30 USA		4. FEI Number 59-2030380 Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent OWEN, RICHARD B 390 SOUTH US HWY 17-92 CASSELBERRY FL 32707				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	

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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	1.1 TITLE	DPT
NAME	BROOKS, THEODORE H	1.2 NAME	BROOKS, THEODORE H
STREET ADDRESS	4568 NORTH LANE	1.3 STREET ADDRESS	4548 NORTH LANE
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	ORLANDO FL 32808
TITLE	SDVP	2.1 TITLE	
NAME	BROOKS, GREGORY K	2.2 NAME	
STREET ADDRESS	4568 NORTH LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	
NAME	BOISSONEAULT, LLOYD H	3.2 NAME	
STREET ADDRESS	703 DORADO COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	VP
NAME		4.2 NAME	GOLDING, WALTER R.
STREET ADDRESS		4.3 STREET ADDRESS	10407 TARA DRIVE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	RIVERVIEW, FL 33569
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 _____ PRESIDENT 4-2-98 11:17 AM

CR2E034 (10/97)