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Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90050 044 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **856831**
 1. Corporation Name
BRASWELL SERVICES GROUP, INC.

Principal Place of Business: 966 HOUSTON NORTHCUTT BLVD STE G MT PLEASANT SC 29484 US
 Mailing Address: P O BOX 72529 CHARLESTON SC 29415 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/20/1983**

4. FEI Number: **57-0549112** 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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business: **21 2007 Cherry Hill Lane**
 Suite, Apt. #, etc. **22**

2a. Mailing Address: **26**
 Suite, Apt. #, etc. **27**

City & State: **23 CHARLESTON, S.C.**
 Zip: **24 29405** Country: **25**

City & State: **28**
 Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

12. OFFICERS AND DIRECTORS	
TITLE	PCD <input type="checkbox"/> DELETE
NAME	BRASWELL, ELLIOTT S.
STREET ADDRESS	60 BRASWELL STREET
CITY-ST-ZIP	CHARLESTON SC
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	ECHOLS, JACQUELYN A.
STREET ADDRESS	60 BRASWELL STREET
CITY-ST-ZIP	CHARLESTON SC
TITLE	STD <input type="checkbox"/> DELETE
NAME	REYNOLD, JENNIFER B.
STREET ADDRESS	60 BRASWELL STREET
CITY-ST-ZIP	CHARLESTON SC
TITLE	VPD <input type="checkbox"/> DELETE
NAME	BRASWELL, JAMES E.
STREET ADDRESS	60 BRASWELL ST.
CITY-ST-ZIP	CHARLESTON SC
TITLE	VPD <input type="checkbox"/> DELETE
NAME	BRASWELL, ELLIOTT S. J
STREET ADDRESS	60 BRASWELL ST.
CITY-ST-ZIP	CHARLESTON SC
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	2007 Cherry Hill Lane
1.4 CITY-ST-ZIP	CHARLESTON, S.C. 29405
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	2007 Cherry Hill Lane
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	2007 Cherry Hill Lane
3.4 CITY-ST-ZIP	CHARLESTON, S.C. 29405
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	2007 Cherry Hill Lane
4.4 CITY-ST-ZIP	CHARLESTON, S.C. 29405
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	2007 Cherry Hill Lane
5.4 CITY-ST-ZIP	CHARLESTON, S.C. 29405
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 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, with all other like empowered.

SIGNATURE: E. S. BRASWELL SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3/17/99 Daytime Phone # _____

CR2E034 (11/98)