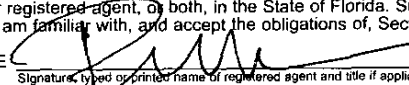


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90106 047 ***150.00

0507121

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F43453					
1. Corporation Name B.R. CHAMBERLAIN & SONS, INC.					
Principal Place of Business 2714 REW CIRCLE SUITE 200 OCOOEE FL 34761 US			Mailing Address 2714 REW CIR. STE 200 OCOOEE FL 34761 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/04/1981	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2421531	
22 City & State		27 City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No	
9. Name and Address of Current Registered Agent DUNEGAN, STEPHEN D ESQ 800 N. MAGNOLIA AVE. STE 1500 ORLANDO FL 32803			10. Name and Address of New Registered Agent		
			81 Name Peter L. Chamberlain		
			82 Street Address (P.O. Box Number is Not Acceptable) 2714 Rew Circle		
			83 Suite 200		
			84 City Ocoee FL 85 Zip Code 34761		
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					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE ☐ DELETE			1.2 NAME ☐ Change ☐ Addition		
1.3 STREET ADDRESS			1.4 CITY-ST-ZIP		
2.1 TITLE ☐ DELETE			2.2 NAME ☐ Change ☒ Addition		
2.3 STREET ADDRESS			2.4 CITY-ST-ZIP		
3.1 TITLE ☐ DELETE			3.2 NAME ☐ Change ☐ Addition		
3.3 STREET ADDRESS			3.4 CITY-ST-ZIP		
4.1 TITLE ☐ DELETE			4.2 NAME ☐ Change ☐ Addition		
4.3 STREET ADDRESS			4.4 CITY-ST-ZIP		
5.1 TITLE ☐ DELETE			5.2 NAME ☐ Change ☐ Addition		
5.3 STREET ADDRESS			5.4 CITY-ST-ZIP		
6.1 TITLE ☐ DELETE			6.2 NAME ☐ Change ☐ Addition		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)