

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F89064 (2)

1. Corporation Name

PHIL BRANT FACTORY AGENTS, INC.



Principal Place of Business

Mailing Address

~~4040 SUNBEAM RD~~ 1181 SPENCER LANE
~~STE 1~~ JACKSONVILLE FL 32257
~~US~~ FLA 32259
PO BOX 23847
JACKSONVILLE FL 32241
US

2. Principal Place of Business

2a. Mailing Address

21 1181 SPENCER LN

26 State Apt. #, etc. OK

22 City & State

27 City & State

23 Jacksonville FLA

28 City & State

24 32259

25 St. Johns

29 Zip

30 Country

3. Date Incorporated or Qualified

07/01/1982

3a. Date of Last Report

01/25/1995

4. FEI Number

59-2206251

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. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRANT, PHILIP E., JR
1181 SPENCER LANE
JACKSONVILLE FL 32259

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 607.1503, 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

PHIL BRANT, Pres.

1/22/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE NAME STREET ADDRESS CITY-STATE-ZIP	1. TITLE 12 NAME 13 STREET ADDRESS 14 CITY-STATE-ZIP
2. TITLE NAME STREET ADDRESS CITY-STATE-ZIP	2. TITLE 22 NAME 23 STREET ADDRESS 24 CITY-STATE-ZIP
3. TITLE NAME STREET ADDRESS CITY-STATE-ZIP	3. TITLE 32 NAME 33 STREET ADDRESS 34 CITY-STATE-ZIP
4. TITLE NAME STREET ADDRESS CITY-STATE-ZIP	4. TITLE 42 NAME 43 STREET ADDRESS 44 CITY-STATE-ZIP
5. TITLE NAME STREET ADDRESS CITY-STATE-ZIP	5. TITLE 52 NAME 53 STREET ADDRESS 54 CITY-STATE-ZIP
6. TITLE NAME STREET ADDRESS CITY-STATE-ZIP	6. TITLE 62 NAME 63 STREET ADDRESS 64 CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-96

Date

904
268-1928

Deputy Phone #

CR2E034 (12/95)