

FILE NO

FEE AFTER MAY 1ST IS \$550.00

PROF
CORPOR
ANNUAL F

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90053 004 ***150.00

DOCUMENT # F89064

1. Corporation Name

PHIL BRANT FACTORY AGENTS, INC.

Principal Place of Business

1181 SPENCER LN
STE 1
JACKSONVILLE FL 32259
US

Mailing Address

PO BOX 23847
JACKSONVILLE FL 32241
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/01/1982

4. FEI Number

59-2206251

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 50 N. Laura Street

2a. Mailing Address

26 P.O. Box 4548

Suite, Apt. #, etc.

22 Suite 3100

Suite, Apt. #, etc.

27

City & State

23 Jacksonville, Florida

City & State

28 Jacksonville, Florida

Zip Country

24 32202 25 USA

Zip Country

29 32201-4548 30 USA

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name William P. Brant

82 Street Address (P.O. Box Number is Not Acceptable)
Brant, Moore, Macdonald & Wells, P.A.

83 50 N. Laura Street, Suite 3100

84 City Jacksonville

FL 85 Zip Code 32202

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE S ☒ DELETENAME BRANT, MARGARET R
STREET ADDRESS 1181 SPENCER LANE
CITY-ST-ZIP JAX FLTITLE PD ☒ DELETENAME BRANT, PHILIP E JR
STREET ADDRESS 1181 SPENCER LANE
CITY-ST-ZIP JAX FLTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☒ Addition1.2 NAME Gregory G. Walski
1.3 STREET ADDRESS 59 S. Saint Andrews Drive
1.4 CITY-ST-ZIP Jacksonville, FL 321742.1 TITLE VD ☐ Change ☒ Addition2.2 NAME Charles F. Becky, Jr.
2.3 STREET ADDRESS 1660-5 Beach Avenue
2.4 CITY-ST-ZIP Atlantic Beach, FL 322333.1 TITLE STD ☐ Change ☒ Addition3.2 NAME William P. Brant
3.3 STREET ADDRESS 1365 Caddell Drive
3.4 CITY-ST-ZIP Jacksonville, FL 322174.1 TITLE ☐ Change ☐ Addition4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition6.2 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)