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May 01 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F98244 (9)

1. Corporation Name  
RED BROOKSHIRE OF FLORIDA, INC.



Principal Place of Business  
8503 PRINCESS PALM AVE.  
SUITE 118  
TAMPA FL 33619  
US

Mailing Address  
PO BOX 1426  
MANGO FL 33550-1426  
US

3. Date Incorporated or Qualified 09/03/1982  
3a. Date of Last Report 08/08/1996

2. Principal Place of Business 21 11700 58th St North Suite, Apt. #, etc. 22 City & State 23 TAMPA, FLORIDA Zip 24 33617	2a. Mailing Address 26 P.O. Box 16890 Suite, Apt. #, etc. 27 City & State 28 TAMPA, FLORIDA Zip 29 33687	4. FEI Number 59-2213331 Applied For 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

BROOKSHIRE, DEVON  
33040 CONDOMINIUM BLVD  
ZEPHYRHILLS FL 33541

10. Name and Address of New Registered Agent

81 Name Devon Brookshire  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 5100 Buckeye RD. #1303  
84 City Tampa FL 85 Zip Code 33647

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 Devon Brookshire - Devon Brookshire DATE 4/24/97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROOKSHIRE, DEVON L 8503 PRINCESS PALM AVE, STE 118 TAMPA FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	President Devon Brookshire 11700 58th St. N. Suite D TAMPA, FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BROOKSHIRE, CLOYD B 35040 CONDOMINIUM BLVD ZEPHYRHILLS FL 33541	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

14. I do 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: Devon Brookshire - Devon Brookshire DATE 4/24/97 813-580-1123  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)