


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

**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90064 011 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # F98244 (9)</b> 1. Corporation Name <b>Red Brookshire of Florida, Inc.</b>			
Principal Place of Business <b>11700 58th Street N. Tampa, Florida 33617 US</b>		Mailing Address <b>P. O. Box 168900 Tampa, Florida 33687 US</b>	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
9. Name and Address of Current Registered Agent <b>Brookshire, Devon 5100 Burchette Road, #1303 Zephyrhills, Florida 33541</b>		10. Name and Address of New Registered Agent 81 Name <b>Devon Brookshire</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>5100 Burchette Road, #1303</b> 83 City <b>Tampa</b> 84 Zip Code <b>FL 33647</b>	
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: <i>Devon Brookshire</i> DATE: <b>4/30/99</b>			
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP 1 Brookshire, Devon L. 11700 58th St. N., Suite D Tampa, Florida 33617 2 Brookshire, Cloyd B. 35040 Condominium Blvd. Zephyrhills, FL 33541 3 4 5 6 7 8 9 10 11 12		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 61 TITLE 62 NAME 63 STREET ADDRESS 64 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. SIGNATURE: <i>Devon Brookshire</i> DATE: <b>4/30/99</b>			

CR2E034 (10/97)