

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G06484**

(1)

1. Corporation Name

BROGDON MANAGEMENT INC.



Principal Place of Business

**2300 KILLEARN CENTER BLVD
103
TALLAHASSEE FL 32308
US**

Mailing Address

**2300 KILLEARN CENTER BLVD
103
TALLAHASSEE FL 32308
US**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Zip

Country

Country

24

29

9. Name and Address of Current Registered Agent

3. Date of Incorporation or Creation

10/29/1982

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2247928

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. 190.032,
Florida Statutes

☐ Yes

☒ No

10. Name and Address of New Registered Agent

**BROGDON BENJAMIN C
2300 KILLEARN CENTER BLVD. #103
TALLAHASSEE FL 32308**

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 607.000 and 607.001, Florida Statutes, the above named corporation solemnly swears this statement for the purpose of changing its registered office or registered agent in both, in the State of Florida, to the change authorized by the corporation's board of directors. The change of the appointment as registered agent. I am familiar with, and accept the obligations of, Sections 607.000-607.005, Florida Statutes.

SIGNATURE

Benjamin C Brogdon

4/2/96

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ DELETE
	PD BROGDON, BENJAMIN C	2300 KILLEARN CNTR BLVD	TALLAHASSEE, FL 00000	
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ DELETE

13.

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	☐ Change ☐ Addition
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	☐ Change ☐ Addition
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	☐ Change ☐ Addition
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	☐ Change ☐ Addition
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	☐ 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)(g), 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 transfer agent of the corporation, and that my name appears in Block 12 or Block 13 of this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report as required by Chapter 607, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Benjamin C Brogdon *4/2/96*

904-668-1342

CR2E034 (12/95)