FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 2:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G14689 (5)

1. Corporation Name
BRUSH BUILDERS, INC.

Principal Place of Business	Mailing Address
~~8090 SE RIVER LANE~~ ~~P.O. BOX 299~~ ~~PORT SALERNO FL 34992~~	~~8090 SE RIVER LANE~~ ~~P.O. BOX 299~~ ~~PORT SALERNO FL 34992~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/22/1982
3a. Date of Last Report: 04/14/1994

2. Principal Place of Business	2a. Mailing Address
21 8330 S.E. Dharlys	26 8330 S.E. Dharlys St.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Hobe Sound, Fl.	City & State 28 Hobe Sound, Fl.
Zip 24 33455 Country 25 U.S.A.	Zip 29 33455 Country 30 U.S.A.

4. FEI Number: 59-2247486 ☐ 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 of 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
BRUSH, E. NORMAN ~~8090 SE RIVER LANE~~ ~~STUART FL 34997~~	81 Name: BRUSH, E. Norman, Sr. 82 Street Address (P.O. Box Number is Not Acceptable): 8330 S.E. Dharlys St. 83 84 City: Hobe Sound FL 85 Zip Code: 33455

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: E. Norman Brush, Sr. 4-28-95
Signature (typed or printed) name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	1.1 TITLE	PTD	☑ Change ☐ Addition
NAME	BRUSH, E. NORMAN	1.2 NAME	BRUSH, E. NORMAN, SR.	
STREET ADDRESS	8090 SE RIVER LANE	1.3 STREET ADDRESS	8330 S.E. Dharlys St.	
CITY-ST-ZIP	STUART FL	1.4 CITY-ST-ZIP	Hobe Sound, Fl. 33455	
TITLE	VSD	2.1 TITLE		☑ Change ☐ Addition
NAME	BRUSH, FAY H	2.2 NAME		
STREET ADDRESS	8090 SE RIVER LANE	2.3 STREET ADDRESS	8330 S.E. Dharlys St.	
CITY-ST-ZIP	STUART FL	2.4 CITY-ST-ZIP	Hobe Sound, Fl. 33455	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3. STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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)(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: E. Norman Brush E. NORMAN BRUSH 4-28-95 407-336-1135
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone #

0464627 FP