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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G15688** (6)

1. Corporation Name

BROOKSVILLE DEVELOPMENT CORPORATION



Principal Place of Business

Mailing Address

**401 W COLONIAL DR
STE 7
ORLANDO FL 32804
US**

**401 W COLONIAL DR
STE 7
ORLANDO FL 32804
US**

3. Date Incorporated or Qualified

12/29/1982

3a. Date of Last Report

03/02/1995

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

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ALLEN, THOMAS R.
340 N. ORANGE AVE.
ORLANDO FL 32802**

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 607.0502 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 the corporation

(If the Registered Agent signature is required, also, re-signing)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

DPS

☐ DELETE

NAME

MACARTHUR, WILLIAM H.

STREET ADDRESS

401 W COLONIAL DR., STE. 7

CITY-STATE-ZIP

ORLANDO FL

TITLE

TV

☒ DELETE

NAME

CRENSHAW, JAMES

STREET ADDRESS

401 W. COLONIAL DR., STE. 7

CITY-STATE-ZIP

ORLANDO FL

TITLE

SVP

☐ DELETE

NAME

VON KLUGE, HERBERT

STREET ADDRESS

401 W COLONIAL DR., STE. 7

CITY-STATE-ZIP

ORLANDO FL

TITLE

SVP

☐ DELETE

NAME

PARIS, DANIEL

STREET ADDRESS

401 W COLONIAL DR., STE 7

CITY-STATE-ZIP

ORLANDO FL

TITLE

SVP

☐ DELETE

NAME

FANT, JAMES

STREET ADDRESS

401 W COLONIAL DR., STE. 7

CITY-STATE-ZIP

ORLANDO FL

TITLE

V

☐ DELETE

NAME

MACARTHUR, LUZ T

STREET ADDRESS

401 W COLONIAL DR., STE. 7

CITY-STATE-ZIP

ORLANDO FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

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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)(k), 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: *Elizabeth S. Conant* **ELIZABETH S. CONANT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96

Date

(407) 425-8876

Daytime Phone #

CR2E034 (12/95)