

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G32957** (4)

1. Corporation Name
BRENT CONSTRUCTION CO., INC.



Principal Place of Business: **RT. 1, BOX 108-E, FREEPORT, FL 32439**
P O BOX 630 NICEVILLE FL 32578

Mailing Address: **RT. 1, BOX 108-E, FREEPORT, FL 32439**
P O BOX 630 NICEVILLE FL 32578

3. Date Incorporated or Qualified: **04/13/1983** 3a. Date of Last Report: **02/14/1995**

4. FEI Number: **59-2273879** 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. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **70 Hickory St, Freeport, FL 32439**

2a. Mailing Address: **P.O. Box 630**

21. State, Apt. #, etc.: **32439** 27. State, Apt. #, etc.: **32439**

22. City & State: **Niceville, FL** 27. City & State: **Niceville, FL**

23. Zip: **32588 0630** 28. Zip: **32588 0630** 30. Country: **FL**

9. Name and Address of Current Registered Agent
SMITH, BRENT
RT. 1, BOX 108-E
FREEPORT FL 32439

10. Name and Address of New Registered Agent

81. Name: **SMITH, BRENT**

82. Street Address (P.O. Box Number is Not Acceptable): **70 Hickory Street**

83. City: **Freeport** 85. Zip Code: **FL 32439**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: _____ (Print Name and Title) _____ (Date)

12. OFFICERS AND DIRECTORS

TITLE	PVS	<input type="checkbox"/> DELETE
NAME	SMITH, BRENT	
STREET ADDRESS	RT. 1, BOX 108-E	
CITY, ST, ZIP	FREEPORT FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(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: Brent Smith 2/9/96 (904) 897-2601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Official Phone #

CR2E034 (12/95)