

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

FILED

May 14 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # H02037 (0)**  
 1. Corporation Name  
**THE BRANCOT CORPORATION**

Principal Place of Business <b>740 S. TYNDALL PARKWAY PANAMA CITY FL 32404</b>	Mailing Address <b>740 S. TYNDALL PARKWAY PANAMA CITY FL 32404-6828</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/03/1984</b>	3a. Date of Last Report <b>02/14/1996</b>
21		26		4. FEI Number <b>59-2478496</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent <b>NEUBAUER, THOMAS S. % PROPERTY MANAGEMENT DIVISION 740 S. TYNDALL PARKWAY PANAMA CITY FL 32404</b>		10. Name and Address of New Registered Agent	
		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELMBRECHT, LIS C.	1.2 NAME	
STREET ADDRESS	7133 YELLOW BLUFF RD.	1.3 STREET ADDRESS	
CITY- ST- ZIP	PARKER FL	1.4 CITY- ST- ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROYE, JERRY D.	2.2 NAME	
STREET ADDRESS	5308 ROBERT HOLMES DR	2.3 STREET ADDRESS	
CITY- ST- ZIP	PANAMA CITY FL	2.4 CITY- ST- ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLEEK, BLUFORD B.	3.2 NAME	
STREET ADDRESS	217 N. LAKEWOOD	3.3 STREET ADDRESS	
CITY- ST- ZIP	PARKER FL	3.4 CITY- ST- ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEESLER, NORMAN W.	4.2 NAME	
STREET ADDRESS	735 N. 9TH ST.	4.3 STREET ADDRESS	
CITY- ST- ZIP	PARKER FL	4.4 CITY- ST- ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUTTON, JOHN	5.2 NAME	
STREET ADDRESS	8446 ESTELLE ST.	5.3 STREET ADDRESS	
CITY- ST- ZIP	NEW PORT RICHEY FL	5.4 CITY- ST- ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_

CR2E034 (9/96)