

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H29458** (7)

1. Corporation Name

BROOKS ENTERPRISES OF BREVARD, INC.



Principal Place of Business

**7815 ELLIS ROAD
W. MELBOURNE FL 32904**

Mailing Address

**7815 ELLIS ROAD
W. MELBOURNE FL 32904**

3. Date Incorporated or Qualified

11/09/1984

3a. Date of Last Report

01/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2461551

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for 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

**VAN SLYKE, DANIEL, SR
7815 ELLIS ROAD
W. MELBOURNE FL 32904**

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 of person who is authorized to execute this report

(If 11. Registered Agent Signature is required when the state is)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

**PSD
VAN SLYKE, DANIEL B
3240 HIELD ROAD
MELBOURNE FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

**VTD
LUTZ, DALLAS P
665 WATERWOOD WAY
MELBOURNE FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, 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)(b), 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

1/24/96

Daytime Phone #

CR2E034 (12/95)