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

FILED
95 MAY -1 PM 1:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H32382 (4)

1. Corporation Name
BRUMEL & COFFMAN, INC.

Principal Place of Business	Mailing Address
~~4402 TROTTING~~ HORSE LN.S. JACKSONVILLE FL 32225	11324 TROTTING HORSE LN.S. JACKSONVILLE FL 32225

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/30/1984
3a. Date of Last Report: 01/27/1994

2. Principal Place of Business	2a. Mailing Address
21 4816 CHARLES Bennett Drive	26 P.O. Box 11679
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Jacksonville, Fl	28 City & State: Jacksonville, Fl
24 Zip: 32225 25 Country: Duval	29 Zip: 32239-1679 30 Country: Duval

4. FEI Number: 59-2477202 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
COFFMAN, JAMES R. 11324 TROTTING HORSE LN.,S. JACKSONVILLE FL 32225	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 4816 Charles Bennett Drive 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 _____ DATE
Signature, typed or printed name of registered agent, and the date signed (NOTE: Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVP	11 TITLE	☑ Change ☐ Addition
NAME	COFFMAN, JAMES	12 NAME	
STREET ADDRESS	11324 TROTTING HORSE,S.	13 STREET ADDRESS	4816 Charles Bennett Dr.
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY ST ZIP	Jacksonville, Fla 32225
TITLE	DS	21 TITLE	☑ Change ☐ Addition
NAME	BRUMEL, SYLVIA	22 NAME	
STREET ADDRESS	11324 TROTTING HORSE,S.	23 STREET ADDRESS	4816 Charles Bennett Dr.
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY ST ZIP	Jacksonville, Fla 32225
TITLE	DT	31 TITLE	☑ Change ☐ Addition
NAME	COFFMAN, SHARON	32 NAME	
STREET ADDRESS	11324 TROTTING HORSE,S.	33 STREET ADDRESS	4816 Charles Bennett Dr.
CITY-ST-ZIP	JACKSONVILLE FL	34 CITY ST ZIP	Jacksonville, Fla 32225
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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: Sharon Coffman 4-25-95 904-743-0110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
SHARON COFFMAN

001A40 CP