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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUM	MENT # H5933 2	2	(7)						
DEHAVE	N-BRETT EQUITIES, INC.	_	(· /						
						1 18316 H. GLOS GLOS BANKA HARA MARA	1 410 11 4141 1 14	n ahan alah	ARII IAAI
Principal Place	of Business	M:	ailing Address		·		i guai piril rir		
ROUTE 1 BOX 3471			-ROUTE-1/80X 3471						
ALLIGATOR PT	•	AL	LIGATOR PT ALLAHASSEE FL 32346	.0790					
US A	-Lir 35340	Ů.		-9130		3. Date Incorporated or Qualified	3a. Date	of Last R	eport
						05/30/1985	06/17	7/1996	
h, 1	ace of Business		Mailing Address	1	00 DR	4. FEI Number			plied For of Applicable
Suite, Apt	#, etc.	26	1509 Fee Suile, Apt. #, etc.	CNNN)	טוט טוכ	59-2536349			Additional
22		27				5. Certificate of Status Desired		Fee Re	
City & SA		ļ ₁	City & State		FLA	6. Election Campaign Financing		\$5.00	
23 /A A	JACE A- Country	28	TALLAHA!	>> Ef		Trust Fund Contribution	intonaible to	Added t	
24	hen hen hadaa h			30	· 14. y	8. This corporation has liability for intangible tax under s 199 032 Florida Statutes			
	9. Name and Address of Curren	l Regis				10. Name and Address of New Re	gistered Ag	ent	
	laven, James A.				81 Name	vo cha			
106 EAST COLLEGE, SUITE 640 - TALLAHASSEE FL 32301-					82 Street Addr	ess (P.O. Box Number is Not Acceptal			
IAL	PAUMOOCE LE GEOOL-				83	JY FURNAUDU			
					84 City	A . A . C. C. C. C.	EI		Code
11. Pursuant I	to the provisions of Sections 607.050	2 and 6	07,1508, Florida State	ites, the at	sove named corr	AHASSEE poration submits this statement for the	ourpose of ch	nanoina il	303 s registered
office or n agent 1 (ii	egistered agent, or both, in the State Mamiliar with, and accept the obliga	of Florid ations of	da. Such change was I, Section 607.0505, F	authorizei Iorida Stat	d by the corporat utes.	tion's board of directors. I hereby acce	pt the appoir	ntment as	registered
SIGNATURE	1000H-					21:	1 3 1		
12.	Signature, by, ed or printed name of legistared age OFFICERS AN	-T /TIP 5/ 54 5		13.	l Agent signature requir	ADDITIONS/CHANGES TO OFFI	DATE CERS AND D	IRECTOR	RS IN 12
ETLE	PTD		DELETE	1.1 Ti	ILE	49111		Change	☐ Addition
NAME	Dehaven, James A.			1.2 N/	IME				
STREET ADORESS	832 GOVERNORS DRIVE			1.3 \$1	REET ADDRESS				
101 S1-7P	TALLAHASSEE FL VSD		DELETE	1.4 CI 2 1 TI	TY-ST-ZIP			Change	Addition
NAM:	BRETT, JUDITH E.		Decent	2 2 N	· ·) Onlings	tend rightion
STREET ADDRESS	832 GOVERNORS DRIVE				REET ADDRESS				
CHY+S1+71P	TALLAHASSEE FL			240	ITY-ST-ZIP				
Tillet			☐ DELETE	3 1 TI	Į.		L.	Change	Add-tion
NAME CONTRACTOR				32 N/					
\$196617.00565\$ CITY+\$1-7-2					REET ADDRESS ITY - ST - ZIP				
Tifet			DELETE	4.1 TI				Change	Addition
NAME				4. 2 N	AME				
STREET ADDRESS				4.3 S	REET ADDRESS				
011Y : 51 - 23F			DELETE		TY-\$1-21P		····	Change	Addition
THE			DELETE	5.1 TV 5.2 N			L.	Change	Addition
NAME STREET ASURE IS					REET ADDRESS	•			
Off ST 70					TY-ST-ZIP				
Titt			DELETE	6170				Change	Addition
NAME				62 N	AME				
STREET ADDITIONS				63.81	REET ADDRESS				
Caty - \$1 - 7P				6.4 CI	TY+ST-ZIP				

14. Ido neroby cert fy 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 charges, or on an attachment with an address.

SIGNATURE:

PIGNATORIE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

2/17/97 813-360-2683

FILED

Feb 21 1997 8:00am

Secretary of State

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