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May 04, 1999 8:00 am  
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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # H71958

1. Corporation Name

✓ XYZ OF BREVARD CORP.

Principal Place of Business

5340 N. ATLANTIC AVE.  
COCOA BEACH FL 32931  
US

Mailing Address

8680 N. ATLANTIC AVE.  
CAPE CANAVERAL FL 32920  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/20/1985

4. FEI Number

59-2909455

Applied For  
Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

9. Name and Address of Current Registered Agent

DEEVERS, JUDITH C.  
8680 N. ATLANTIC AVE,  
CAPE CANAVERAL FL 32920

10. Name and Address of New Registered Agent

81 Name

STOTTLER, RICHARD H.

82 Street Address (P.O. Box Number is Not Acceptable)

8680 N. ATLANTIC AVENUE

83

84 City

CAPE CANAVERAL

FL

85 Zip Code  
32920

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME HADGE, JEANNE A.  
STREET ADDRESS 8680 N. ATLANTIC AVE.  
CITY-ST-ZIP CAPE CANAVERAL FL 32920

TITLE SD  
NAME DEEVERS, JUDITH C.  
STREET ADDRESS 8680 N. ATLANTIC AVE.  
CITY-ST-ZIP CAPE CANAVERAL FL 32920

TITLE VPD  
NAME GAILEY, STEVEN G.  
STREET ADDRESS 5340 N. ATLANTIC AVE.  
CITY-ST-ZIP COCOA BEACH FL 32931

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE Richard H. Stottler, Jr., Pres. (407) 783-1320 4/27/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)