

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Suzanne B. Mathews  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **H77535** (3)

**BRENNAN, HAYSKAR, JEFFERSON, WALKER & SCHWERER, P.A.**



% JOHN T. BRENNAN  
519 SOUTH INDIAN RIVER DRIVE  
FORT PIERCE FL 34950

% JOHN T. BRENNAN  
519 SOUTH INDIAN RIVER DRIVE  
FORT PIERCE FL 34950

2. Principal Office Location	2a. Mailing Address
21. State	26. State
22. County	27. County
23. City	28. City
24. Zip Code	29. Zip Code
9. Name and Address of Current Registered Agent	

**BRENNAN, JOHN T.**  
519 SOUTH INDIAN RIVER DRIVE  
FORT PIERCE FL 34950

3. Date Incorporated or Qualified <b>09/24/1985</b>	3a. Date of Last Report <b>04/11/1995</b>
4. FEIN Number <b>59-2579109</b>	Applied For Not Applied For
5. Certificate of State Duties <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	

81. Name	
82. Street Address (P.O. Box Number if Not Applicable)	
83. City	
84. State	<b>FL</b>
85. Zip Code	

11. I, the undersigned, as a duly qualified resident of this State, hereby certifies the above named corporation submits this statement for the purpose of changing its registered office to the address shown above in the State of Florida. Such change was authorized by the corporation's board of directors, thereby accepting the appointment as a registered agent. I am aware of the consequences of this action as set forth in the Statutes.

12. OFFICERS AND DIRECTORS	
PD BRENNAN, JOHN T. 519 S. INDIAN RIVER DR. FORT PIERCE FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TD HAYSKAR, STEPHEN G. 519 S. INDIAN RIVER DR. FORT PIERCE FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VD JEFFERSON, BRADFORD L. 519 S. INDIAN RIVER DR. FORT PIERCE FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D GORMAN, ROBERT J. 519 S. INDIAN RIVER DR. FORT PIERCE FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D WALKER, JAMES T. 519 S. INDIAN RIVER DR. FORT PIERCE FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
SD SCHWERER, ROBERT V. 519 S. INDIAN RIVER DR. FORT PIERCE FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
13.01	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.02	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.03	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.04	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.05	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.06	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.07	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.08	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.09	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, hereby certify that the information provided in this report is true and correct, and that the corporation is in compliance with the provisions of the Florida Statutes, and that my signature shall have the same legal effect as if made under oath. This report is required by Chapter 607, Florida Statutes, and that my name is on the list of officers and directors of the corporation as required by Chapter 607, Florida Statutes, and that my name is on the list of officers and directors of the corporation as required by Chapter 607, Florida Statutes.

SIGNATURE: *John T. Brennan Pres*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jan 15, 1996* 461-2310  
DATE AND TELEPHONE NUMBER OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)