

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 # **J04264** (4)

1. Corporation Name:

BRANT & SON, INC.



Principal Place of Business

~~346 N. Goldenrod Road~~
346 NORTH GOLDENROD ROAD
ORLANDO FL 32807

Mailing Address

~~346 N. Goldenrod Road~~
346 NORTH GOLDENROD ROAD
ORLANDO FL 32807

3. Date Incorporated or Qualified
03/17/1986

3a. Date of Last Report
03/03/1995

2. Principal Place of Business
21 **346 N. Goldenrod Road**

2a. Mailing Address
26 **346 N. Goldenrod Road**

4. FEI Number
59-2656014

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State
23 **Orlando, Florida**

City & State
28 **Orlando, Florida**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip
24 **32807** Country
25 **Orange**

Zip
29 **32807** Country
30 **Orange**

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

LANDIS, DAVID M.
~~28 EAST WASHINGTON ST.~~
~~ORLANDO FL 32801~~

81 Name
David M. Landis
82 Street Address (P.O. Box Number is Not Acceptable)
Suite 600, Two Landmark Center
83 **225 East Robinson Street**
84 City
Orlando **FL** 85 Zip Code
32801

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 of applicant

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **DP**
STREET ADDRESS **BRANT, RALPH**
CITY-ST-ZIP **346 N GOLDENROD RD**
ORLANDO FL
TITLE ☐ DELETE
NAME **DT**
STREET ADDRESS **BRANT, NORENE**
CITY-ST-ZIP **346 N GOLDENROD RD**
ORLANDO FL
TITLE ☐ DELETE
NAME **DV**
STREET ADDRESS **BRANT, TIMOTHY**
CITY-ST-ZIP **346 N GOLDENROD RD**
ORLANDO FL
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1. TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
2. TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
3. TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
4. TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
5. TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
6. TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
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)(k), 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:

Ralph Brant
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Ralph Brant, President

January 22, 1996 (407) 658-1925

Date Daytime Phone #

CR2E034 (12/95)