

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

FILED

Feb 27 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # J04264 (4)

1. Corporation Name  
BRANT & SON, INC.



Principal Place of Business  
346 N GOLDENROD ROAD  
ORLANDO FL 32807  
US

Mailing Address  
346 N GOLDENROD ROAD  
ORLANDO FL 32807-8208  
US

3. Date Incorporated or Qualified 03/17/1986  
3a. Date of Last Report 02/06/1996

4. FEI Number 59-2656014  
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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LANDIS, DAVID M.  
SUITE 600 TWO LANDMARK CENTER  
225 EAST ROBINSON STREET  
ORLANDO FL 32801

81 Name

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

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

(See above for signature of principal officer of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	BRANT, RALPH	
STREET ADDRESS	346 N GOLDENROD RD	
CITY - ST - ZIP	ORLANDO FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	BRANT, NORENE	
STREET ADDRESS	346 N GOLDENROD RD	
CITY - ST - ZIP	ORLANDO FL 32807	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	BRANT, TIMOTHY	
STREET ADDRESS	346 N GOLDENROD RD	
CITY - ST - ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	TIMOTHY J. BRANT	
1.3 STREET ADDRESS	346 N. Goldenrod Rd	
1.4 CITY - ST - ZIP	Orlando, FL 32807	
2.1 TITLE	DEXVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	RALPH A. BRANT	
2.3 STREET ADDRESS	346 N. Goldenrod Rd	
2.4 CITY - ST - ZIP	Orlando, FL 32807	
3.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	RICHARD H. DAVIS	
3.3 STREET ADDRESS	346 N. Goldenrod Rd	
3.4 CITY - ST - ZIP	Orlando, FL 32807	
4.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	TERESA M. MARTIN	
4.3 STREET ADDRESS	346 N. Goldenrod Rd	
4.4 CITY - ST - ZIP	Orlando, FL 32807	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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.

SIGNATURE: *Timothy J. Brant* TIMOTHY J. BRANT, PRESIDENT

2-21-97 (407) 658-1925

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)