


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

**FILED**  
**Apr 09 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # J05444 (1)**  
 1. Corporation Name  
**JIM BRILEY, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
C/O JIM BRILEY 115 DON'S COURT LAKELAND FL 33801 US		C/O JIM BRILEY 115 DON'S COURT LAKELAND FL 33801 US	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number
21	26	03/21/1986	59-2648359
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	Applied For
22	27	<input type="checkbox"/>	Not Applicable
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$8.75 Additional Fee Required
23	28	<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Country	29	30
24	25	33809	POLK

81 Name	BARRY W. SANDERS
82 Street Address (P.O. Box Number is Not Acceptable)	
83	5622 DRIFTWOOD DR.
84 City	LAKELAND FL
85 Zip Code	33809

9. Name and Address of Current Registered Agent

**BRILEY, JAMES A.**  
**115 DON'S COURT**  
**LAKELAND FL 33801**

10. Name and Address of New Registered Agent

**BARRY W. SANDERS**  
**5622 DRIFTWOOD DR.**  
**LAKELAND FL 33809**

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 *Barry W. Sanders* DATE

12. OFFICERS AND DIRECTORS

TITLE	STD	<input type="checkbox"/> DELETE
NAME	BRILEY, JUDITH	
STREET ADDRESS	115 DON'S COURT	
CITY-ST-ZIP	LAKELAND FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BRILEY, JAMES, SR.	
STREET ADDRESS	115 DON'S COURT	
CITY-ST-ZIP	LAKELAND FL	
TITLE	VICE PRESIDENT	<input type="checkbox"/> DELETE
NAME	BARRY W. SANDERS	
STREET ADDRESS	5622 DRIFTWOOD DR.	
CITY-ST-ZIP	LAKELAND, FL 33809	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	BARRY W. SANDERS	
3.3 STREET ADDRESS	5622 DRIFTWOOD DR	
3.4 CITY-ST-ZIP	LAKELAND FL 33809	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 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: *Judith A. Briley, Sec. Treas.*

CR2E034 (10/97)