FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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95 MAY 22 11:19:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

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

DOCUMENT # **J20887** **(2)**

1. Corporate Name
BRANAN ASSOCIATES, INC.

Principal Place of Business	Mailing Address
1523 E. FORT KING STREET P.O. BOX 4075 OCALA FL 34478	1523 E. FORT KING STREET P.O. BOX 4075 OCALA FL 34478

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/24/1986**
3a. Date of Last Report: **04/25/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Street Apt. # or P.O. Box — 22 — 27
City & State — 23 — 28
ZIP — 24 — County — 25 — 29 — 30

4. FEI Number: **59-2698217** ☐ 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 was initially for-profit under s. 193.018, Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BRANAN, TOM D.
2027 SE 2ND PLACE
OCALA FL 34471

10. Name and Address of New Registered Agent

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 Section 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
(Typed or Printed Name of Registered Agent and Title if Applicable) (Typed or Printed Name of New Registered Agent and Title if Applicable) (Date)

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS
31 Title 32 Name 33 Street Address 34 City, St, ZIP	**DP** **BRANAN, TOM D** **2027 SE 2ND PLACE** **OCALA FL**
35 Title 36 Name 37 Street Address 38 City, St, ZIP	☐ Change ☐ Addition
39 Title 40 Name 41 Street Address 42 City, St, ZIP	☐ Change ☐ Addition
43 Title 44 Name 45 Street Address 46 City, St, ZIP	☐ Change ☐ Addition
47 Title 48 Name 49 Street Address 50 City, St, ZIP	☐ Change ☐ Addition
51 Title 52 Name 53 Street Address 54 City, St, ZIP	☐ Change ☐ Addition
55 Title 56 Name 57 Street Address 58 City, St, ZIP	☐ Change ☐ Addition

14. I/We hereby certify that the information supplied with this filing is, voluntarily furnished and does not qualify for the exemptions 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 above, if applicable, or on an attachment with an address.

SIGNATURE: Tom D. Branan Tom D. Branan **5/19/95** **904/351-1405**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0181804 CP