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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

		CORPORATIONS				
Corporation Name	J20887 (2)					
Branan associates,	, INC.		A DEGLINE BUTE NURVE GENER HERIT GENER HERITE	(1) (88) State Blace (		DIGIL ALBIJ 1861
Charles of Flances of Charles	11.00					
Principal Place of Business			**************************************			
1523 E. FORT KING STREET P.O. BOX 4075	1523 E. FORT KING \$TI P.O. BOX 4075	REET				
OCALA FL 34478	OCALA FL 34478		Date Incorporated or Qualified	3a. Date of	Flact Do	nad .
			06/24/1986	1	23/199	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	1 00,		pplied For
21	26		59-2698217			lot Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		•	Additional
City & State	City & State		6. Election Campaign Financing			lequired
23	28		Trust Fund Contribution			May Be to Fees
Zip Gountr	·	Country	This corporation has liability in		under s	199.032,
24 25	29 29 ess of Current Registered Agent	30		s 🗆 No		
9, Name and Addre	ess of Correlli Registered Agent	81 Name	10. Name and Address of New	Hegistered Ag	ent	
BRANAN, TOM D.						
2027 SE 2ND PLACE		82 Street A	Address (P.O. Box Number is Not Accepta 3 SE 27t.1 Loop	bie)		İ
OCALA FL 34471		83	<u> </u>		······	
		84 City			<b>85</b> Žip	Code
		lloca	la,		13.∆	<b>∆</b> 71
or registered agent, or both, in the	ions 607,0502 and 607,1508, Florida Statutes State of Florida. Such change was authorized	, the above-named co I by the corporation's I	rporation submits this statement for the publication for the publications. Thereby accept the appropriate the publications are provided to the publications of the publications are provided to the publications are provided to the publications are provided to the publications are publications are provided to the publications are publications. The publications are publications. The publications are publications ar	rpose of chang	jing its re	gistered office
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SIGNATURE Short to typed or printed name	om U. Bravan	Robstered Acoust signat, re-re-	innurred when reinstatival			
	om U. Bravan	Registered Agent signature re	iquired when reinstating)  ADDITIONS/CHANGES TO OF	DATE		
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certify that the minimization indicated of this annual report of supplemental annual report is frue and accurate and that my signature shall have the same legal effect as it 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:

Daytime Phone #