

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

**FILED**  
**Jun 16 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
 Sayidra B. Northam,  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name: **J25811**  
**Brattlof Realty Group, Inc.**

Principal Place of Business: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business:  
 21 **7 FLORIDA PARK DR.**  
 Suite, Apt. #, etc.  
 22  
 City & State: **PAUM CONST FL**  
 Zip: **32137** Country: **USA**  
 23  
 24 **32137** 25 **USA**  
 26 **P.O. Box 351429**  
 Suite, Apt. #, etc.  
 27  
 City & State: **PAUM CONST FL**  
 Zip: **32135** Country: **USA**  
 28  
 29 **32135** 30 **USA**

3. Date Incorporated or Qualified: **7/25/86**

4. FEI Number: **59-2699170**  
 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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent:  
**BALLOCK, HOLBROOK AND AKEL**  
**Holbrook, H. Leon PA**  
**1 Independent Drive, Suite 2301**  
**Jacksonville, FL 32202**

10. Name and Address of New Registered Agent:  
 81 Name: \_\_\_\_\_  
 82 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 83 \_\_\_\_\_  
 84 City: \_\_\_\_\_ 85 Zip Code: **FL**

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: \_\_\_\_\_ (Name of Registered Agent) \_\_\_\_\_ (Name of Corporation) \_\_\_\_\_ (Date)

12. OFFICERS AND DIRECTORS

TITLE	<b>PRESIDENT</b>	<input type="checkbox"/> DELETE
NAME	<b>LESLIE B. THORNHILL</b>	
STREET ADDRESS	<b>4324 OLD A.I.A. SOUTH</b>	
CITY-STATE-ZIP	<b>PAUM CONST FL 32137</b>	
TITLE	<b>VP, S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>NANCY L. GARDNER</b>	
STREET ADDRESS	<b>1004 S. FLAGLER AVE.</b>	
CITY-STATE-ZIP	<b>FLAGLER BEACH FL 32136</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>RICHARD GIUMENTA</b>	
STREET ADDRESS	<b>65 WELLSFREAM LN</b>	
CITY-STATE-ZIP	<b>PAUM CONST FL 32169</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>P/S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>LESLIE THORNHILL</b>	
13 STREET ADDRESS		
14 CITY-STATE-ZIP		
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-STATE-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-STATE-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-STATE-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-STATE-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-STATE-ZIP		

**300002562275**  
**-06/17/98-01018-009**  
**\*\*\*158.75**

14. I hereby certify that the information supplied with this filing complies with 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 person 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: **[Signature]** **4/24/98** **904 445-3099**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)