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

**CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J58589

THE BRINSON COMPANY

(9)

Mailing Address

## **FILED** Jul 21 1997 8:00am Secretary of State



Principal Place of Business  * H. SUE BRINSON  1833 E. 9TH ST  JACKSONVILLE FL 32206		% H. SUE BRI 1833 E. 9TH S	Mailing Address  * H. SUE BRINSON 1833 E. 9TH ST JACKSONVILLE FL 32206-4203			3. Date Incorporated or Qualified 3a. Date of Last Report			
						3. Date Incorporated or Qualified 02/19/1987		0/1996	зероп
2. Principal Place	a of Business	2a. Mailing A	2a. Mailing Address			4. FEI Number 59-2772366	Applied For Not Applicable		
Suite, Apt. #, 6	ote.	Suite, Apt	. #, elc.			5. Certificate of Status Desired			Additional Required
City & State		City & Sta	City & State 28			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 24	Country 25	Z(p)	30	Country		8. This corporation has liability for in Florida Statutes	ntangible t	ax under No	s. 199.032,
	9. Name and Address of Cur			· · · · · · · · · · · · · · · · · · ·		10. Name and Address of New Reg	Istered A	gent	
BRINSO	N, H. SUE			81	Name				
1833 E. 9TH ST JACKSONVILLE FL 32206				82	Street Add	dress (P.O. Box Number is Not Acceptable)			
				83					
				84	City		FL	85 Zu	Code
11. Pursuant to the office or reginagent. I am f	he provisions of Sections 607. stered agont, or both, in the St amiliar with, and accept the ob	0502 and 607.1508, f ate of Florida. Such c oligations of, Section €	lorida Statutes, hange was auth 607.0505, Horid	the abov lorized by a Statute	e-named cor y the corpora s.	poration submits this statement for the p tion's board of directors. I horeby accep		changing intment a	its registered s registered
SIGNATURE	nature, typod or pouted name of regularies	Logo of and lete of applicable	(NOTE Fo	gistered Age	ent signature requ	red when relestating)	DATE		
12.		AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC			
TITLE D			DELETE	1 1 DILE				Change	Addition
	RINSON, H. SUE			1.2 NAME					
	B33 E. 9TH ST			1.3 STREE	ADDRESS				
0111 31 211	ACKSONVILLE FL			1.4 CITY- S	S1-ZIP			Dhara	
TETLE		L	] DELETE	2 1 TITLE				Change	Addition
NAME				2.2 NAME					
STREET ADDRESS				ł	LADDRESS				
CITY-ST-ZIP		·	DELETE	2. 4 CITY-	S1 - ZIP		<del>-</del>	Change	Addition
TITLE		L	J DELITE	3.1 1111.6				L_1 (mange	[_] Addition
NAME				3.2 NAME					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			DELETE	3.4. CITY - 4.1 TITLE	SI-ZIP		······································	Change	Addition
TITLE		L-	1 beter	4.1 INLE				Viloilgo	
NAME					TADDDLCC				
STREET ADDRESS					T ADDRESS				
TITLE			DELFTE	4.4 CITY - : 5.1 TITLE	31-7IF			Change	Addition
i I		_	J	5.2 NAME					-
NAME CONTAINED					T ADDRESS				
STREET ADDRESS				5.3 STREE 5.4 CHY-					
CITY-ST-ZIP TITLE			DELETE	6.1 TITLE	01-111			Change	Addition
		h		62 NAME					
NAME PLOSEL APPROAGE					1 ADDRESS				
STREET ADDRESS									
CITY-\$T-ZIP				64 C/TY-	51-ZIP				

14. I do horeby cortify 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 offect 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.