

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # J83151 (7)**  
1. Corporation Name  
**BR-CON CONSTRUCTION, INC.**



Principal Place of Business: **C/O MASON H. GROWER, III  
111 N. ORANGE AVENUE, SUITE 1700  
ORLANDO FL 32801**

Mailing Address: **C/O MASON H. GROWER, III  
111 N. ORANGE AVENUE, SUITE 1700  
ORLANDO FL 32801**

3. Date Incorporated or Qualified: **07/17/1987**      3a. Date of Last Report: **05/25/1995**

4. FEI Number: **59-2822446**      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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

25. Country

26. Mailing Address

27. Suite, Apt. #, etc.

28. City & State

29. Zip

30. Country

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**GROWER, MASON H., III  
111 N. ORANGE AVENUE  
SUITE 1700  
ORLANDO FL 32801**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent (and title, if applicable) (NOTE: Registered Agent's name and principal office must change)

**12. OFFICERS AND DIRECTORS**

TITLE: **PD**  DELETE

NAME: **BRICE, ALLYN S.**

STREET ADDRESS: **1813 ANTIGUA DR.**

CITY-ST-ZIP: **ORLANDO FL**

TITLE: **V**  DELETE

NAME: **BRICE, GINA M.**

STREET ADDRESS: **1813 ANTIGUA DR.**

CITY-ST-ZIP: **ORLANDO FL**

TITLE: **VST**  DELETE

NAME: **GROWER, MASON H., III**

STREET ADDRESS: **313 WINDCLIFFE CT.**

CITY-ST-ZIP: **OVIEDO FL**

TITLE: **D**  DELETE

NAME: **GROWER, MASON H., III**

STREET ADDRESS: **313 WINDCLIFFE CT.**

CITY-ST-ZIP: **OVIEDO FL**

TITLE:  DELETE

NAME:

STREET ADDRESS:

CITY-ST-ZIP:

TITLE:  DELETE

NAME:

STREET ADDRESS:

CITY-ST-ZIP:

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1. TITLE:  Change  Addition

1.2 NAME:

1.3 STREET ADDRESS:

1.4 CITY-ST-ZIP:

2.1 TITLE:  Change  Addition

2.2 NAME:

2.3 STREET ADDRESS:

2.4 CITY-ST-ZIP:

3.1 TITLE:  Change  Addition

3.2 NAME:

3.3 STREET ADDRESS:

3.4 CITY-ST-ZIP:

4.1 TITLE:  Change  Addition

4.2 NAME:

4.3 STREET ADDRESS:

4.4 CITY-ST-ZIP:

5.1 TITLE:  Change  Addition

5.2 NAME:

5.3 STREET ADDRESS:

5.4 CITY-ST-ZIP:

6.1 TITLE:  Change  Addition

6.2 NAME:

6.3 STREET ADDRESS:

6.4 CITY-ST-ZIP:

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:** *Allyn S. Brice* **ALLYN S BRICE** **6/14/96** **(407) 277 2088**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date Filing Fee #

CR2E034 (12/95)