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 # **K00459** **(3)**

1. Corporation Name

RUNNELLS ENTERPRISES OF BREVARD, INC.

Principal Place of Business

2445 JEN DRIVE
MELBOURNE FL 32940
US

Mailing Address

P.O. BOX 410667
MELBOURNE FL 32941
US

3. Date Incorporated or Qualified: **11/04/1987**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-2859455** ☐ 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 2445 Jen Drive
Suite, Apt. #, etc.
22
City & State
23 Melbourne, FL
Zip 24 32940 Country 25 USA Brevard

2a. Mailing Address
26 P.O. Box 410667
Suite, Apt. #, etc.
27
City & State
28 Melbourne, FL
Zip 29 32941 Country 30 USA Brevard

9. Name and Address of Current Registered Agent

RUNNELLS, REBECCA J.
1215 AMBRA DRIVE
MELBOURNE FL 32940

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 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: Rebecca J. Runnells — 3/25/96
Signature, typed or printed name of registered agent and title, if applicable — (If a Registered Agent is signed on behalf of a business entity, list title) — Date

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	RUNNELLS, REBECCA J.	
STREET ADDRESS	1215 AMBRA DR.	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	ST	☐ DELETE
NAME	RUNNELLS, MICHELLE L.	
STREET ADDRESS	1215 AMBRA DR.	
CITY-ST-ZIP	MELBOURNE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

1.1 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: Rebecca J. Runnells — 3/25/96 — (407) 951-8888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)