

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # K26502 (0)

1. Corporation Name

HELP-U-SELL OF CENTRAL BREVARD, INC.

Principal Place of Business

250 E MERRITT ISLAND CAUSEWAY
SUITE 11
MERRITT ISLAND FL 32952-3649
US

Mailing Address

250 E MERRITT ISLAND CSWY
STE 11
MERRITT ISLAND FL 32952
US

APPROVED
AND
FILED
95 APR 20 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/04/1988

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2867221

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

6. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 115 N. Courtenay Pkwy
Suite, Apt. #, etc.

22 Merritt Island, FL
City & State

23 Merritt Island, Florida
City & State

24 32953
Zip

25 Brevard
County

2a. Mailing Address

26 115 N. Courtenay Pkwy
Suite, Apt. #, etc.

27
City & State

28 Merritt Island FL
City & State

29 32953
Zip

30 Brevard
County

9. Name and Address of Current Registered Agent

TEAGUE, DIANA
250 E. MERRITT ISLAND CSWY
SUITE 11
MERRITT ISLAND FL 32952

10. Name and Address of New Registered Agent

81 Name

TEAGUE, DIANA

82 Street Address (P.O. Box Number is Not Acceptable)

115 N. Courtenay Pkwy

83

84 City

Merritt Island

FL

85 Zip Code

32953

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

Signature, typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
DP	TEAGUE, DIANA	250 E. MERRITT ISLAND	MERRITT ISLAND FL
ST	FULLBRIGHT, BARBARA K.	250 E MERRITT ISLAND CAUSEWAY, STE 11	MERRITT ISLAND FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	Change	Addition
PRESIDENT	TEAGUE, DIANA	115 N. Courtenay Pkwy	Merritt Island, Florida 32953	☒	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/95 407-453-6363