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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

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May 07 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

SIGNATUR

K28738

(8)

BRANTI Y & ASSOCIATES, INC.

DNANIL	T & ASSOCIATES, INC.					 	NI BARA BILIN B		
Principal Placi	e of Business	Mailing Address	Mailing Address						
P. O. BOX 400		P. O. BOX 400	*						
SANFORD FL 3			SANFORD FL 32772-0400						
						Date Incorporated or Qualified	3a. Da	ite of Last Re	eport
						07/12/1988		01/1996	,
	lace of Business	2a. Mailing Address				4. FEI Number			plied For
21		26				59-2899214			t Applicable
Suite, Apt	#, €IG	Suite, Apt. #, etc) .			5. Certificate of Status Desired		\$8.75 A	
City & State	0	City & State				6. Election Campaign Financing		\$5.00	
23		28				Trust Fund Contribution		Added t	to Fees
Zφ	Country	Zφ	<u> </u>			8. This corporation has liability for intentible tax under s. 199.032,			
24	25 29 29 9. Name and Address of Current Registered Agent		30	[30]		Florida Statutes Yes Li No 10. Name and Address of New Registered Agent			
		ent negistered Agent		B1	Name	IV. Halle and Address of How F	egisiored z	Agus	
	.zer, steven h 7 Forest city road					/DO D 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	ANDO FL 32810			82	Street Addres	ss (P.O. Box Number is Not Accept	able)		
0112	ANDO IL GLOIO			83					7111
			}	84	City			85 Zip (Code
44 D	1. the second Section 607.00	00 and 007 1500 Florida	Not to ab			ration submits this statement for the	FL	abanaine it	a regintered
office or r	egistered agent, or both, in the Sta	te of Florida. Such change	was authorized	t vd t	the corporatio	n's board of directors. I hereby acc	ept the app	ointment as	registered
ĺ	m familiar with, and accept the obli	igations of, Section 607,050	io, fiorida stati	utes.					
SIGNATURE	Signature, typed or printed name of registered a	igent and title if applicable	(NOTE: Registered	i Agent	t signature required	when reinstaling)	DATE		
12.	1 7.	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	ICERS AND		
TITLE	D	☐ DELET			1			Change	Addition
NAME	BRANTLY, JAMES M. JR		1.2 NA						
STREET ADDRESS City-St-Zip	670 Brantly RD Osteen FL 32764			KEEI A TY-ST-	DDRESS				
TITLE	D	DELET			- 217			Change	Addition
NAME	BRANTLY, JAMES M. SR		2.2 NA	ME					
STREET ADORESS	690 BRANTLY RD		2.3 ST	REET A	DDRESS				
CITY+S1-ZIP	OSTEEN FL 32764		2. 4 CI		- 2IP			-	
TIFLE	D DELETE			LE	1			L Change	Addition
NAME STORES MISSISSE	Brantly, Barbara P. 690 Brantly RD		3.2 NA						
STREET ADDRESS CITY S1-2IP	OSTEEN FL 32764			REEL A	ADDRESS .				
TITLE	VOILLIT I L DE/UT	DELE			TIL.	W		Change	Addition
NAME			4. 2 N/	AME				-	
STREET ADDRESS			4.3 ST	AEET A	iddress				}
Criy - ST - ZiP				TY-ST	· ZiP				· / -
TITLE		L DELET						L. Change	Addition
NAM:			5.2 NA						:
\$TREET ADDRESS					ADDRESS 710				į
TITLE		DELE1		TY-ST- TLE	- zir			Change	Addition
NAVE			6.2 NA					· •	_ "
STREET ADDRESS					ADDRESS .				
C(TY+ST+7)P			6.4 CI	TY-ST-	- ZIP				
14. I do herel	by certify that the information supplied in indicated on this annual report of	lied with this fiting does not recognitional recognitions.	qualify for the	exen	nption stated i	in Section 119.07(3)(i), Florida Statu ny signature shall have the same le	tes. I further	certify that if made un	the der oath; that
lam an o	officer or director of the corporation in Block 12 or Block 13 it changed.	or the receiver or trustee e or on an attachment with a	mpowered to e	xecu	ite this report	my signature shall have the same le as required by Chapter 607, Florida	Statutes; a	nd that my r	ame
l (,			/ _ /				/		