

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K38422** (7)
1. Corporation Name
BRITTON INVESTMENTS, INC.



Principal Place of Business: **C/O COREY BRITTON, 1650 U.S. HWY 41, INVERNESS FL 34450 US**
Mailing Address: **C/O COREY BRITTON, 1650 U.S. HWY 41, INVERNESS FL 34450 US**

2. Principal Place of Business (21-24):
2a. Mailing Address (25-28):
22. City & State
23. City & State
24. Zip, Country (25-28): Zip, Country

3. Date Incorporated or Qualified: **10/13/1988**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-2918666**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent:
BRITTON, COREY, 1650 U.S. HWY 41, INVERNESS FL 32650

10. Name and Address of New Registered Agent:
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 607.0902 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 607.0903, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	<input type="checkbox"/> DELETE	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BRITTON, MR. COREY		12. NAME	
STREET ADDRESS: 3125 S. ROSE AVE.		13. STREET ADDRESS	
CITY-STATE-ZIP: INVERNESS FL		14. CITY-STATE-ZIP	
TITLE: DS	<input type="checkbox"/> DELETE	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BRITTON, MR. THOMAS		22. NAME	
STREET ADDRESS: 3125 S. ROSE AVE.		23. STREET ADDRESS	
CITY-STATE-ZIP: INVERNESS FL		24. CITY-STATE-ZIP	
TITLE:	<input type="checkbox"/> DELETE	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		32. NAME	
STREET ADDRESS:		33. STREET ADDRESS	
CITY-STATE-ZIP:		34. CITY-STATE-ZIP	
TITLE:	<input type="checkbox"/> DELETE	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		42. NAME	
STREET ADDRESS:		43. STREET ADDRESS	
CITY-STATE-ZIP:		44. CITY-STATE-ZIP	
TITLE:	<input type="checkbox"/> DELETE	51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		52. NAME	
STREET ADDRESS:		53. STREET ADDRESS	
CITY-STATE-ZIP:		54. CITY-STATE-ZIP	
TITLE:	<input type="checkbox"/> DELETE	61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		62. NAME	
STREET ADDRESS:		63. STREET ADDRESS	
CITY-STATE-ZIP:		64. CITY-STATE-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)(b), 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: *C. Britton* Pres 3-14-96 904-637-4820
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)