

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Bureau of Corporations
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # K83468

(4)

1. Corporation Name

C & S BRANDON PROPERTIES, INC.

65 FEB 28 PM 6:21

SIGNED BY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

% GARY SELBY
929 E. BLOOMINGDALE AVENUE
BRANDON FL 33511

% GARY SELBY
929 E. BLOOMINGDALE AVENUE
BRANDON FL 33511

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/26/1989

3a. Date of Last Report

07/06/1994

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2946196

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

23 City & State

28 City & State

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24 Zip

25 Country

29 Zip

30 Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SELBY, GARY R., DDS, PA
929 E. BLOOMINGDALE AVENUE
BRANDON FL 33511

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

(Signature of Registered Agent and Third-Party)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME
D SELBY, GARY
2. STREET ADDRESS
929 E. BLOOMINGDALE AVE.
3. CITY-ST-ZIP
BRANDON, FL 33511

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, the undersigned, certify that the information supplied with this filing is true and correct and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information designated on this annual report or simplified annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the person or person empowered to execute this report as required by Chapter 897, Florida Statutes, and that my name appears in Block 12 of Block 13 of this report, or on an attachment with an address.

SIGNATURE: X

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 2-22-95

X 5/3-65/10037