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CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 18 AM 8:31

DOCUMENT # L19012 (8)

1. Corporation Name
C. L. BRICE, INC.

Principal Place of Business	Mailing Address
5517 SW 69 TERR GAINESVILLE FL 32608 US	5517 SW 69 TERR GAINESVILLE FL 32608 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/22/1989
3a. Date of Last Report: 01/31/1994

2. Principal Place of Business 21:
2a. Mailing Address 26:
4. FEI Number: 59-2978884 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22:
Suite, Apt. #, etc. 27:
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State 23:
City & State 28:
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip 24: Country 25:
Zip 29: Country 30:
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MILLER, DAVID M
5517 SW 69 TERR
GAINESVILLE FL 32608

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	HICKS, ALISON L	12 NAME	
STREET ADDRESS	5517 SW 69 TERR	13 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	14 CITY ST ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	HICKS, THOMAS P., JR.	22 NAME	
STREET ADDRESS	5517 SW 69 TERR	23 STREET ADDRESS	
CITY ST ZIP	GAINESVILLE FL	24 CITY ST ZIP	
TITLE	DST	31 TITLE	☐ Change ☐ Addition
NAME	BRICE, CARLA	32 NAME	
STREET ADDRESS	5517 SW 69 TERR	33 STREET ADDRESS	
CITY-ST ZIP	GAINESVILLE FL	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	BRICE, HAZEL	42 NAME	
STREET ADDRESS	5517 SW 69 TERR	43 STREET ADDRESS	
CITY-ST ZIP	GAINESVILLE FL	44 CITY ST ZIP	
TITLE	PD	51 TITLE	☐ Change ☐ Addition
NAME	MILLER, DAVID M.	52 NAME	
STREET ADDRESS	5517 SW 69 TERR	53 STREET ADDRESS	
CITY-ST ZIP	GAINESVILLE FL	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	HICKS, STEPHANIE A	62 NAME	
STREET ADDRESS	5517 SW 69 TERR	63 STREET ADDRESS	
CITY ST ZIP	GAINESVILLE FL	64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and correct 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: David M. Miller 1-11-95 (904) 372-7736
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR Date Daytime Phone
DAVID M. MILLER

0004652 CP