

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -6 PM 4:16

DOCUMENT # L34593 (8)

1. Corporation Name

DONALD L. BRINSON, INC.

Principal Place of Business

8195 MAIN ST
BOKEELIA FL 33922
US

Mailing Address

P.O. BOX 758
BOKEELIA FL 33922
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/04/1989

3a. Date of Last Report

03/08/1994

4. FEI Number

65-0171269

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

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

2. Principal Place of Business

21 2270 Palm Avenue

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

23 City & State

ST JAMES CITY, FL

27 City & State

28 City & State

24 Zip

33956

25 Country

US

29 Zip

30 Country

9. Name and Address of Current Registered Agent

BRINSON, DONALD L.
8195 MAIN ST
BOKEELIA FL 33922

10. Name and Address of New Registered Agent

81 Name

SAME

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

2270 Palm Avenue 2286 DIXIE LEE CT.

83

84 City

ST JAMES CITY

FL

85 Zip Code

33956

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 607.0504, Florida Statutes.

SIGNATURE

Signature of person or persons name of registered agent, or both, if applicable.

Signature of Registered Agent signature required when registering.

Date

4/2/95

12. OFFICERS AND DIRECTORS

TITLE	DPV
NAME	BRINSON, DONALD L.
STREET ADDRESS	8195 MAIN ST
CITY - ST - ZIP	BOKEELIA FL
TITLE	DPV/THOMAS
NAME	THOMAS C. CLAPP
STREET ADDRESS	2270 Palm Avenue
CITY - ST - ZIP	ST JAMES CITY, FL 33956
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	2286 DIXIE LEE CT
1.4 CITY - ST - ZIP	ST JAMES CITY, FL
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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, with an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DONALD L. BRINSON 4/2/95

Date

(813) 383-7677

Typed Name