## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** Apr 24 1998 8:00am ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (7) BREWER LAND DEVELOPMENT, INC. Mailing Address Principal Place of Business % TIM HAINES, ESO, 125 N.E. FIRST AVE., STE, 1 % TIM HAINES, ESO. 125 N.E. FIRST AVE., STE. 1 DO NOT WRITE IN THIS SPACE OCALA FL 32670 OCALA FL 32670 3. Date Incorporated or Qualified 08/<u>10/1988</u> 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2913562 Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name HAINES, TIM ESQ. 125 N.E. FIRST AVE. 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 1 83 **OCALA FL 32670** 84 Zip Code City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE TITLE 1.1 TITLE BREWER, JERRY 1.2 NAME NAME 6891 SW SR 200 1.3 STREET ADDRESS STREET ADDRESS **OCALA FL** 1.4 CITY - ST-ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE BREWER, TERRY 2.2 NAME NAME P.O. BOX 580 (N/A) 2.3 STREET ADDRESS STREET ADDRESS OKLAWAHA FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 31 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE DELETE 4.1 TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption 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 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 exposation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 if changed, or of an attachment with an address.

JERRY BREWER

SIGNATURE:

**FILED** 

(352)237-4441