

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

**APPROVED  
AND  
FILED**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**95 APR 27 PM 2:27**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # M94369 (9)**

**1. Corporation Name  
BRISKEY ENGINEERING COMPANY**

DO NOT WRITE IN THIS SPACE.

**Principal Place of Business Mailing Address  
C/O PHILIP TATCH - 601 S LAKE DESTINY RD C/O PHILIP TATCH  
STE - 200 601 S LAKE DESTINY ROAD / STE - 200  
MAITLAND FL 32751 MAITLAND FL 32751  
US US**

**3. Date Incorporated or Qualified 08/10/1988 3a. Date of Last Report 05/01/1994**

<b>21</b> 2. Principal Place of Business	<b>26</b> 2a. Mailing Address	<b>4.</b> FEI Number <b>59-2912306</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>22</b> City & State	<b>27</b> City & State	<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>23</b> Zip	<b>28</b> Zip	<b>7.</b> This corporation has liability for intangible tax under S. 190.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>24</b> Country	<b>29</b> Country		

<b>9. Name and Address of Current Registered Agent</b>	<b>10. Name and Address of New Registered Agent</b>
<b>TATCH, PHILIP 601 SOUTH LAKE DESTINE RD STE - 200 MAITLAND FL 32751</b>	<b>B1</b> Name
	<b>B2</b> Street Address (P.O. Box Number is Not Acceptable)
	<b>B3</b>
	<b>B4</b> City <b>FL</b> <b>B5</b> 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** \_\_\_\_\_ (NOTE: Registered Agent signature required when remaining) **DATE** \_\_\_\_\_

<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
<b>TITLE</b>	<b>DP</b>	<b>1.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>BRISKEY, JOHN T.</b>	<b>1.2 NAME</b>	
<b>STREET ADDRESS</b>	<b>950 RIVEREDGE CT</b>	<b>1.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	<b>LONGWOOD FL</b>	<b>1.4 CITY - ST - ZIP</b>	
<b>TITLE</b>	<b>S</b>	<b>2.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>BRISKEY, CONNIE</b>	<b>2.2 NAME</b>	
<b>STREET ADDRESS</b>	<b>950 RIVEREDGE CT.</b>	<b>2.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	<b>LONGWOOD FL</b>	<b>2.4 CITY - ST - ZIP</b>	
<b>TITLE</b>		<b>3.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>3.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>3.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>3.4 CITY - ST - ZIP</b>	
<b>TITLE</b>		<b>4.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>4.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>4.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>4.4 CITY - ST - ZIP</b>	
<b>TITLE</b>		<b>5.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>5.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>5.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>5.4 CITY - ST - ZIP</b>	
<b>TITLE</b>		<b>6.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>6.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>6.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>6.4 CITY - ST - ZIP</b>	

**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 the 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, changed, or on an amendment with an address.**

**SIGNATURE:** *Connie Briskey* **CONNIE BRISKEY** *4/24/95* **7/4/1995**