

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
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **M98566** (6) 95 JAN 18 PM 4:08

1. Corporation Name
BROOKS APIARY INC.

Principal Place of Business 9341 NORTHWEST 46TH COURT SUNRISE FL 33351	Mailing Address 9341 NORTHWEST 46TH COURT SUNRISE FL 33351
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country		2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country		3. Date Incorporated or Qualified 09/14/1988		3a. Date of Last Report 01/20/1994	
4. FEI Number 65-0069270		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent BROOKS, WILLIAM J., III 9341 NORTHWEST 46TH COURT SUNRISE FL 33351				10. Name and Address of New Registered Agent 81. Name William J. Brooks III 82. Street Address (P.O. Box Number is Not Acceptable) 9341 N.W. 46 CT. 83. 84. City SUNRISE FL 85. Zip Code 33351			
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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: William J. Brooks III 1/12/95
(Signature, typed or printed name of registered agent and must be attested by the State Registered Agent's signature required when registered) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE NAME STREET ADDRESS CITY, ST, ZIP	PD BROOKS, WILLIAM J. III 9341 N.W. 46TH CT SUNRISE FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY, ST, ZIP	☐ Change ☐ Addition
2. TITLE NAME STREET ADDRESS CITY, ST, ZIP	STD BROOKS, RITA C. 9341 N.W. 46TH CT SUNRISE FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY, ST, ZIP	☐ Change ☐ Addition
3. TITLE NAME STREET ADDRESS CITY, ST, ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY, ST, ZIP	☐ Change ☐ Addition
4. TITLE NAME STREET ADDRESS CITY, ST, ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY, ST, ZIP	☐ Change ☐ Addition
5. TITLE NAME STREET ADDRESS CITY, ST, ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY, ST, ZIP	☐ Change ☐ Addition
6. TITLE NAME STREET ADDRESS CITY, ST, ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY, ST, ZIP	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.07(2)(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 registered agent of the corporation and that my signature shall have the same legal effect as if made under oath. I am not a director, officer, or registered agent of the corporation and that my signature shall have the same legal effect as if made under oath. I am not a director, officer, or registered agent of the corporation and that my signature shall have the same legal effect as if made under oath.

SIGNATURE: William J. Brooks III 1/12/95 (905) 742-0023
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR