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Feb 14 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N29748 (3)

1. Corporation Name

OUR PLACE OF BRANDON, INC.



Principal Place of Business

Mailing Address

1009 LITHIA-PINECREST ROAD
BRANDON FL 335111009 LITHIA-PINECREST ROAD
BRANDON FL 33511-67113. Date Incorporated or Qualified
12/06/19883a. Date of Last Report
03/11/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-2921950Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

Zip Country

Zip Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROGERS, RICHARD
508 COCOPLUM DR.
SEFFNER FL 33584

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD
NAME SEAGROVES, CONRAD
STREET ADDRESS 510 RAPID FALLS DRIVE
CITY-ST-ZIP BRANDON FL☐ DELETE1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE VCOB
NAME HILLER, JEANNIE
STREET ADDRESS 2013 LEE DRIVE
CITY-ST-ZIP CALRICO FL☒ DELETE

Change

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP☒ Change ☐ AdditionTITLE CD
NAME MILFORD, CHARLES
STREET ADDRESS 222 N. DOVER RDS
CITY-ST-ZIP DOVER FL☒ DELETE3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE TBOD
NAME BROMLEY, WILLIAM
STREET ADDRESS 1004 MOOK STREET
CITY-ST-ZIP BRANDON FL☒ DELETE4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE ATD
NAME DANIELS, DAVID
STREET ADDRESS 812 CENTERBROOK DRIVE
CITY-ST-ZIP BRANDON FL☐ DELETE5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETE6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP☐ Change ☐ Addition

14. I do 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 corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0045450

CR2E037 (9/96)

DAVID DANIELS 2/10/97 (813) 653-0790