

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED), MINIMUM AMOUNT DUE TO REINSTATE: \$236.25)

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

FILED
Oct 08 1998 8:00am
Secretary of State

DOCUMENT # N95000003519 (4)

1. Corporation Name
BRANDON BAR ASSOCIATION, INC.

Principal Place of Business Mailing Address
 101 E. LUMSDEN RD. 101 E. LUMSDEN RD.
 BRADON FL 33511 BRADON FL 33511
 US US

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt #, etc. 26 Suite, Apt #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

9. Name and Address of Current Registered Agent

SUBRA, SHAMILA
915 OAKFIELD DR.
STE. F
BRANDON FL 33511

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 FL 85 Zip Code

3. Date Incorporated or Qualified
07/24/1995
 4. FEI Number Applied For Not Applicable
59-3392778
 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. Is this nonprofit corporation a homeowners association? [] Yes [] No
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. [] Yes [] No
10. Name and Address of New Registered Agent

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		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input checked="" type="checkbox"/> DELETE	TITLE	PD	<input checked="" type="checkbox"/> Change [] Addition
NAME	ELAM, B L		1.2 NAME	PILKA, DANIEL F.	
STREET ADDRESS	101 E. LUMSDEN RD.		1.3 STREET ADDRESS	213 Providence Rd.	
CITY-ST-ZIP	BRANDON FL		1.4 CITY-ST-ZIP	Brandon, FL 33511	
TITLE	SD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	SD	<input checked="" type="checkbox"/> Change [] Addition
NAME	SUBRA, SHAMILA		2.2 NAME	BROWN, WHITNEY	
STREET ADDRESS	915 OAKFIELD DRIVE, STE. F		2.3 STREET ADDRESS	915 Oakfield Dr., Ste. F	
CITY-ST-ZIP	BRANDON FL		2.4 CITY-ST-ZIP	Brandon, FL 33511	
TITLE	TD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	TD	<input checked="" type="checkbox"/> Change [] Addition
NAME	KINGSTON, JOHN T		3.2 NAME	GILL, THOMAS P., JR.	
STREET ADDRESS	113 MARGARET STREET		3.3 STREET ADDRESS	207 E. Robertson St., Ste. B	
CITY-ST-ZIP	BRANDON FL		3.4 CITY-ST-ZIP	Brandon, FL 33511	
TITLE	[] DELETE		4.1 TITLE	[] Change [] Addition	
NAME	[] DELETE		4.2 NAME	[] Change [] Addition	
STREET ADDRESS	[] DELETE		4.3 STREET ADDRESS	[] Change [] Addition	
CITY-ST-ZIP	[] DELETE		4.4 CITY-ST-ZIP	[] Change [] Addition	
TITLE	[] DELETE		5.1 TITLE	[] Change [] Addition	
NAME	[] DELETE		5.2 NAME	[] Change [] Addition	
STREET ADDRESS	[] DELETE		5.3 STREET ADDRESS	[] Change [] Addition	
CITY-ST-ZIP	[] DELETE		5.4 CITY-ST-ZIP	[] Change [] Addition	
TITLE	[] DELETE		6.1 TITLE	[] Change [] Addition	
NAME	[] DELETE		6.2 NAME	[] Change [] Addition	
STREET ADDRESS	[] DELETE		6.3 STREET ADDRESS	[] Change [] Addition	
CITY-ST-ZIP	[] DELETE		6.4 CITY-ST-ZIP	[] Change [] Addition	

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 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]* 9/29/98 (813)653-3800
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)