NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # N98000004920

1. Corporation Name

BREVARD THUNDER, INC.

Principal Place of Busines								
1550	HIDDEN	WOOD	ROAD					

COCOA FL 32926

Mailing Address

1550 HIDDEN WOOD ROAD COCOA FL 32926

FILED May 15, 1999 8:00 am Secretary of State

05-15-1999 90018 013 ****61.25



2. Principal Place of Business		2a. N	2a. Mailing Address			Date Incorporated or Qualifed 08/24/1998							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			4. FEI Number				Applied For			
		27	_			59-353764/				Not Applicable			
City & State		-	City & State				T_			\$8.7	5 Ad	ditional	
23		28	28) 5.	Certifcate of Status Desired		Fee	Requ	ired		
Zip	Country		Zip Cou		у		6.	Election Campaign Financing		\$5.	00 м	ay Be	
24	25		30					Trust Fund Contribution		Add	ed to	Fees	
24 25 29 30 9. Name and Address of Current Registered Agent					_		10.	Name and Address of New	Register	ed Agent			
				81	Ī	Name							
OLDHAM, DOUG			82	82 Street Address (P.O. Box Number is Not Acceptable)									
			62	62 Sileet Addi			.O. Box Mulliber is Mot Accep	iabic)					
1550 HIDDEN WOOD ROAD COCOA FL 32926			83	3		•							
COCOA FI	r 35850			L	1					leel"	Zin Co	40	
				84	1	City			F	FL 85 7	Zip Co	ue j	
11 Dureugat	to the provisions of Sections 617.0502	2 and 617	1508. Florida Statutes	the abov	re-	named corpor	ration	submits this statement for the	e purpose	of changing	j its re	gistered	
office or re	egistered agent, or both, in the State (of Florida.	. Such change was aut	nonzea ov	/ U	he corporation	's bo	ard of directors. I hereby according	ept the ap	pointment a	s regis	itered	
	m familiar with, and accept the obligat	_		ia Statutes	5 .	\mathcal{T}		Maham	5-1	6-99			
SIGNATURE	Doug Oldham Signature, typed or printed name of registered agen		esident	Registered Age	vot s	signature required	Vheri re	einstating)	DATE	<u> </u>			
12.	OFFICERS AN			13.			~ A	ADDITIONS/CHANGES TO O	FFICERS	AND DIRE	CTOR	S IN 12	
TITLE	Ď	5	DELETE	1.1 TITLE	_			· · · · · · · · · · · · · · · · · · ·		Chai	nge	Addition	
NAME	OLDHAM, DOUG			1.2 NAME									
	4550 LIDDEN WOOD DOAD				STREET ADDRESS								
STREET ADDRESS	COCOA FL 32926			l .	1.4 CITY-ST-ZIP								
CITY-ST-ZIP TITLE	D		☐ DELETE	2.1 TITLE	31-	Zir				Char	nge	☐ Addition	
ļ				2.2 NAME			_	-				-	
	Company of the Compan			2.3 STREET ADDRESS								ĺ	
STREET ADORESS	COCOA FL 32926			1	2.4 CITY-ST-ZIP							1	
CITY-ST-ZIP	D		☐ DELETE	3.1 TITLE	311	1-21				Chai	nge	Addition	
TITLE	<u> </u>			3.2 NAME			_ , _						
WE I I I I I I I I I I I I I I I I I I I				3.3 STREET ADDRESS									
STREET ADDRESS 3462 ECHO RIDGE PLACE				3.4, CITY-ST-ZIP									
CITY-ST-ZIP TITLE	COCOA FL 32926		□ DELETE	4.1 TITLE		4-11				Cha	nge	Addition	
				4. 2 NAME						_			
NAME OTDEET ADDRESS				4.3 STREE		ADDRESS							
STREET ADDRESS				4.4 CITY-5									
CITY-ST-ZIP			☐ DELETE	5.1 TITLE	-	· aı·				☐ Cha	nge	Addition	
				5.2 NAME						_	-		
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CITY-ST-ZIP	<u> </u>		☐ DELETE	6.1 TITLE	_					☐ Cha	nge	Addition	
TITLE	•		_ 5000,0	6.2 NAME						_	-		
NAME				6.3 STREE		AUDBESS						:	
STREET ADORESS	j			0.3 3 INEE		70011000							

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, with all other like empowered.

SIGNATURE: