FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P14626

BRASFIELD & GORRIE, INC.

FILED Feb 01, 1999 8:00am **Secretary of State**

02-01-1999 90027 002 ***150.00

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1									1/14/ 1/14/ /14/	
Principal Plac	ce of Business	Mailing Address					FO OLY DION EXEKT OF		OLEK OLEN (SA)	
729 SOUTH 30TH STREET P.O. BOX 10383 BIRMINGHAM AL 35233-2907 P.O. BOX 10383 BIRMINGHAM AL 35233-2907				·		DO NOT WRIT	E IN THIS SPA	.CE.,		_
						3. Date Incorporated or Qualifed	1		•	
	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·				05/28/1987		49		j
一 ·	Place of Business	2a. Mailing Address		_		4. FEI Number		Ar	oplied For	
21]		26			•	63-0494223		No	ot Applicable	12
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	* L . L	/ 3	Additional equired	33
City & Sta	te	City & State				6. Election Campaign Financing				
23		28				6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Cou	intry		8. This corporation owes the curre	nt year Intangib	le		
24	25		30			Personal Property Tax.	Y		□No	
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Ro	gistered Agen	it ,		
Ω Τ.				81 Nar	ne '				,	ĺ
120	CORPORATION SYSTEM O'S. PINE ISLAND ROAD			82 Stre	et Addres	ss (P.O. Box Number is Not Acceptate	ole)			
PLA	NTATION FL 33324			83	-	12. 12. 12. 12. 12. 12. 12. 12. 12. 12.	2 2 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	4 T 5 S 2	4 201 2 201 32 14	
				**						
		• • .		84 City		The Third Hall Control of the Contro	FL 85	' Zíp' (Code	
11. Pursuant O office or i	to the provisions of Sections 607.0502 registered agent, or both, in the State o im familiar with, and accept the obligation	and 607.1508, Florida Statute f Florida. Such change was au ons of, Section 607.0505, Flor	s, the al thorized ida Statu	bove-nam by the coutes.	ed corpor orporation	ation submits this statement for the p 's board of directors. I hereby accept	urpose of chang the appointmen	ging its	registered gistered	 -
SIGNATURE	•	•					1.	11		i
	Signature, typed or printed name of registered agent			Agent signati	re required w	vhen reinstating)	DATE	111		6
12.	OFFICERS AND	***************************************	13.			ADDITIONS/CHANGES TO OFF				F0340/11/98
TITLE	PT	☐ DELETE	१,१ ग्रा	LE	1.	6.54 45 42.23	. 🗆 0	Change	Addition`	Ξ
NAME '	GORRIE, M. M.		1.2 NA	ME ·				. *		2
STREET ADDRESS	V. VVV VLUD DE.D	•	1.3 ST	REET ADDRE	ss					Ë
CITY-ST-ZIP	BIRMINGHAM AL		1.4 CII	TY-ST-ZiP		•				. 2
TITLE	VP	☐ DELETE	2.1 TIT	LE				hange	Addition	\overline{c}
NAME	DARNALL, JOHN P		2.2 NA	ME						
STREET ADORESS	16 PINE CREST ROAD		2.3 ST	REET ADORE	ss					
CITY-ST-ZIP	BRIMINGHAM AL		2.4 CI	TY-ST-ZIP	ſ			Ł		
TTLE	VP service of the ser	☐ DELETE	3.1 TIT			, , , , , , , , , , , , , , , , , , , ,		Change	[] Addition	
NAME	LOVE, PHILLIP		3.2 NA	ME			, —	•	_	
STREET ADDRESS	252 WESTCHESTER DRIVE		١.	REET ADDRE	20	•				
CITY-ST-ZIP	BIRMINGHAM AL		1	TY-ST-ZIP				.; ' ' ! }		
TITLE	S	☐ DELETE	4.1 TIT		 		<u>191 - \$15589 3</u> -84 - 191⊒6	hanne.	Addition	
NAME	POWELL, IMOGENE		4. 2 NA			<u></u>				==
- 1. S.	729 SOUTH 30TH STREET				.					
CITY-ST-ZIP-**	BIRMINGHAM AL			REET ADDRE	~	•	•			
TITLE	DIRMINGHAM AL	DELETE		Y-ST-ZIP	+			المائدة		
	AMELO TOPINED	L. DELETE	5.1 ΠΠ 5.2 NAI		1		υį	hange	Addition .	
NAME	MILLS, JOHN R							ų,	t	
STREET ADDRESS	329 GREEN OAK CT	•		REET ADDRE	×			• }	•	°
CITY-ST-ZIP	LONGWOOD FL	——————————————————————————————————————		Y-ST-ZIP	<u> </u>			fi .		
TITLE	CANDER ON BUILDING AND IN	☐ DELETE	6.1 TIT				□c	hange	☐ Addition	
NAME .	\$4 0000 OV 5 J \$5 J 5 J	i	6.2 NA	ΜE	'			•		
STREET ADDRESS	l Balada, 하시고 4 - 155	•	6.3 ST	REET ADDRES	ss					-
CITY-ST-ZIP			6.4 CIT	Y-ST-ZIP					.	

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 copporation 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 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE: