SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED PROFIT Aug 27 1997 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1997 **DIVISION OF CORPORATIONS** DOCUMENT # P19307 (8)BRAWLEY CONSTRUCTION COMPANY Principal Place of Business Mailing Address 1700 NORTH GRAHAM STREET 1700 NORTH GRAHAM STREET CHARLOTTE NC 28206 CHARLOTTE NC 28206 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 05/19/1988 06/27/1996 Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 56-6031148 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired 22 27 Fee Required City & State 6. Election Campaign Financing City & State \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name BELL, JAMES J. 720 SEABROOK PARKWAY Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32201 83 84 City 85 Zip Code 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** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change Addition COSTIN, JOHN R. NAME 1.2 NAME 3000 BELVEDERE AVENUE STREET ADDRESS 1.3 STREET ADDRESS **CHARLOTTE NC** CITY-ST-ZIP 1.4 CITY- \$1- ZIP DELETE TITLE 21 TITLE Change Addition BELL, JIMMY J. NAME 2.2 NAME 720 SEABROOK PKWY STREET ADDRESS 2.3 STREET ADDRESS JÄCKSONVILLE FL CITY-ST-ZIP 2 4 City-St-7IP DELETE TITLE 3.1 10115 ☐ Change Addition MITCHELL, ALICE NAME 3.2 NAME RT. 6, BOX 432 STREET ADDRESS 3.3 STREET ADDRESS **MOORESVILLE NC** CITY+ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE 4.1 TITLE Change Addition BLANE, JAMES L. 4. 2 NAME 2830 ST. ANDREWS LN STREET ADDRESS 4.3 STREET ADDRESS CHARLOTTE NC CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 1(TLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.