

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P37440** (5)

1. Corporation Name

BRANDON CAPITAL CORPORATION



Principal Place of Business

**7150 20TH STREET
SUITE D
VERO BEACH FL 32966
US**

Mailing Address

**7150 20TH STREET
SUITE D
VERO BEACH FL 32966
US**

3. Date Incorporated or Qualified
02/11/1992

3a. Date of Last Report
04/13/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

4. FEI Number
41-1624504

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

9. Name and Address of Current Registered Agent

**MOSLEY, CURTIS R., ESQ.
1221 EAST NEW HAVEN AVENUE
MELBOURNE FL 32901**

10. Name and Address of New Registered Agent

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 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)

DATE

12. OFFICERS AND DIRECTORS

TITLE **CP** ☐ DELETE
NAME **HESSEE, CLAUDE T.**
STREET ADDRESS **215 BALLYSHANNON ST, C502**
CITY-ST-ZIP **MELBOURNE BEACH FL**

TITLE **DS** ☐ DELETE
NAME **HESSEE, PATRICIA A.**
STREET ADDRESS **215 BALLYSHANNON ST, C502**
CITY-ST-ZIP **MELBOURNE BEACH FL**

TITLE **V** ☐ DELETE
NAME **HESEE, MARK**
STREET ADDRESS **6545 FLORIDANA, AVE**
CITY-ST-ZIP **MELBOURNE FL**

TITLE **V** ☐ DELETE
NAME **WILLIAMS, JOSEPH**
STREET ADDRESS **5975 RIVERSIDE DRIVE**
CITY-ST-ZIP **MELBOURNE FL**

TITLE **T** ☐ DELETE
NAME **PANIKTERA, JOYCE**
STREET ADDRESS **215 BALLYSHANNON ST C501**
CITY-ST-ZIP **MELBOURNE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition
1.1 TITLE
1.2 NAME **215 Glengarry Ave.**
1.3 STREET ADDRESS **Melbourne Beach, Fl. 32951-3138**
1.4 CITY-ST-ZIP **FL**

☒ Change ☐ Addition
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS **215 Glengarry Ave.**
2.4 CITY-ST-ZIP **Melbourne Beach, Fl. 32951-3138**

☐ Change ☐ Addition
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE *Patricia A. Hessee* **Patricia A. Hessee, Sec**

4-13-96

407-952-8372

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)