

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

FILED  
Feb 27, 1999 8:00 am  
Secretary of State

02-27-1999 90005 013 \*\*\*150.00

DOCUMENT # P37440

1. Corporation Name  
BRANDON CAPITAL CORPORATION

Principal Place of Business

1650 AYNLEY WAY  
VERO BEACH FL 32966  
US

Mailing Address

1650 AYNLEY WAY  
VERO BEACH FL 32966  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/11/1992

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 owes the current year Intangible  
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 1735 Aynsley Way  
Suite, Apt. #, etc.

2a. Mailing Address

26 P. O. Box 690116  
Suite, Apt. #, etc.

City & State

23 Vero Beach, Fl.  
Zip Country

City & State

28 Vero Beach, Fl.  
Zip Country

24 32966

25 US

29 32969

30 US

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  
NAME HESSEE, CLAUDE T.  
STREET ADDRESS 215 GLENGARRY AVE.  
CITY-ST-ZIP MELBOURNE BEACH FL

☐ DELETE

TITLE DS  
NAME HESSEE, PATRICIA A.  
STREET ADDRESS 215 GLENGARRY AVE.  
CITY-ST-ZIP MELBOURNE BEACH FL

☐ DELETE

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

☒ DELETE

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

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change

☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ 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

☐ Change

☐ Addition

V  
Frank S. Plata  
3700 N. Harbor City Blvd Ste 2  
Melbourne, Fl. 32935

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 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: Patricia A. Hessee, Secretary  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/26/99 407-952-8372

CR2E034 (11/98)