

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  
Mar 23, 1999 8:00 am  
Secretary of State

03-23-1999 90031 026 \*\*\*158.75

DOCUMENT # P93000008461

1. Corporation Name

BRANDON & ASSOCIATES, INC.



Principal Place of Business

1301 REMMON ROAD  
SUITE E  
JACKSONVILLE BEACH FL 32250  
US

Mailing Address

P.O. BOX 50938  
JACKSONVILLE BEACH FL 32240-0938  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/03/1993

2. Principal Place of Business

21 3 PALMWOOD COURT

2a. Mailing Address

26 Suite, Apt. #, etc.

4. FEI Number

59-3162803

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

22 City & State

23 JACKSONVILLE BEACH, FL

27 City & State

28 JACKSONVILLE BEACH, FL

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

24 Zip

25 32250 DUKAL

29 Zip

30 32250 DUKAL

8. This corporation owes the current year Intangible  
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

COLOGNE, MONA E  
1301 REMMON ROAD  
SUITE E  
JACKSONVILLE FL 32250

10. Name and Address of New Registered Agent

81 Name MONA COLOGNE

82 Street Address (P.O. Box Number is Not Acceptable)

83 3 PALMWOOD COURT

84 City

JACKSONVILLE BEACH FL

85 Zip Code

32250

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 PTD  
NAME COLOGNE, MONA E  
STREET ADDRESS 3 PALMWOOD CT  
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 DIRECTOR  
1.2 NAME COLOGNE, ELMER B.  
1.3 STREET ADDRESS 3 PALMWOOD COURT  
1.4 CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250

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

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:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-99 904-247-5680

Date

Daytime Phone #

CR2E034 (11/98)