

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # **P93000014838 (5)**
1. Corporation Name
BRAND'S MARINE SERVICES OF PINELLAS COUNTY, INC.

Principal Place of Business Mailing Address
**1015 HIAWATHA PLACE
HOLIDAY FL 34691** **1015 HIAWATHA PLACE
HOLIDAY FL 34691**

3. Date Incorporated or Qualified **02/26/1993** 3a. Date of Last Report **03/08/1994**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21. Subst. Art. # etc.	26. Subst. Art. # etc.	59-3171876	Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Country	29. Country	7. This corporation has liability for contributions for calendar 1994 (FFA)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BRAND, CHRISTOPHER N. 1015 HIAWATHA PLACE HOLIDAY FL 34691	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83. City
	84. State FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.0902 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 607.0905, Florida Statutes.

SIGNATURE: _____ Registered Agent (print name and address) _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAND, CHRISTOPHER N	1.2 NAME	
STREET ADDRESS	1015 HIAWATHA PLACE	1.3 STREET ADDRESS	
CITY, ST, ZIP	HOLIDAY FL 34691	1.4 CITY, ST, ZIP	
TITLE	DST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAND, KAREN S	2.2 NAME	
STREET ADDRESS	1015 HIAWATHA PLACE	2.3 STREET ADDRESS	
CITY, ST, ZIP	HOLIDAY FL 34691	2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that I am qualified for the registration stated in Sections 193.017, 606 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 available for direct or indirect communication of the registrar or his/her authorized representative to inspect this report as required by Chapter 127, Florida Statutes, and that my written approval of this filing is a change of information filed with an address.

SIGNATURE: *Christopher N. Brand* **CHRISTOPHER N BRAND** 4/28/95
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(813)
934-2474