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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

P93000027560 (0)

BREVARD FENCE COMPANY



2185 WEST KING STREET 2185			COCOA FL 32926	85 WEST KING STREET DOOA FL 32926								
			US			3. Date incorporated 04/12/199		3a. Date of Last Report 03/21/1995				
2. Principal Piac	e of Business	2a	, Mailing Address				4. FEI Number			1	Applied For	
21	o president	26					59-3179	580		1	Not Applicable	
	Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Statu	s Desired		SB.75 Additional Fee Required		
City & State			City & State			6. Election Campaign Trust Fund Contrib	-	S5.00 May Be Added to Fees				
 	Zip Country		Zip Cou 30				8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes \(\square\) Yes \(\square\) No					
	9. Name and Address of Curren	29 t Regi:	stered Agent		Γ-		10. Name and Addre	ss of New F	Registered	Agent		
		F			81	Name						
GRIFFIN, SUSAN 2023 INDIAN RIVER DRIVE					82	Street A	dress (P.O. Box Number is Not Acceptable)					
	A FL 32922				83							
					84	City			FI	85 Zij	p Code	
SIGNATURE.	and accept the obligations of, Sect Augustics typed or projectly of registered agreed OFFICERS AN	and title i	YP Susp rapplicane	m mo	d Age	Ent agriature red	q ired when reinstating: ADDITIONS/CHA!	NGES TO OF	FICERS AN	ID DIRECTO	DRS IN 12	
12.	PD	27.11	DELETE		TITLE					☐ Change	Addition	
NAME	MOORE, A. M			1.21	AME							
STREET ADDRESS	2023 INDIAN RIVER DRIVE			1.3	STREE	I ADDRESS						
CITY+ST-ZIP	COCOA FL					ST-ZIP	MA.			Change	Addition	
THUE	VP		DELETE		TITLE		CHAN CHUCKIN	MAARS		M Change	M VOOIGO	
NAME	Griffin, Susan 2023 Indian River Drive	:			NAME	T ADDRESS	SUSAN GRIFFIN 2023 INDIAN 1	LIVE O	Eive			
STREET ADDRESS	COCOA FL	•				ST-ZIP	Colocy F1 3	292 T				
100F	OOOON IL		DELETE		TITLE		mu	<i>V_17</i>		☐ Change	Addition	
NAME			_	32	NAME	1						
STEEL ADDRESS				3.3	STRE	ET ADDRESS						
CITY-ST-ZIP				34	CITY-	ST-ZIP						
TIILE			☐ DELETE	4.1	TITLE					Change	Addition	
NAME.					NAME	i						
STREET ADDRESS					STREE	ET ADDRESS						
CITY - \$1 - ZIP												
TITLE						ST-ZIP				Chance	☐ Addition	
NAM:			DELETE	5 1	TITLE					☐ Change	Addition	
			DELETE	5 1 5.2	TITLE					☐ Change	Addition	
STREET ADDRESS			☐ DELETE	5.1 5.2 5.3	TITLE NAME STREE	ET ADDRESS				☐ Change	☐ Addition	
CITY - ST - ZIP				5.1 5.2 5.3 5.4	TITLE NAME STREE CITY-	et address St-zip						
			☐ DELETE	5 1 5.2 5.3 5.4	TITLE NAME STREE	et addri'ss St-Zip				Change		

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 early; 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.

6 3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

JUSAN GIVYLIN MOOLE IP SUSAN MOORE 1/15/96 407-631-2801