FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # P93000066010

1. Corporation Name
M. W. BROCK PROPERTIES, INC.

Principal Place of Business Mailing Address
5900 NORTH 9TH AVE 1141 COILA ST.
PENSACOLA FL 32504
US

FILED Feb 03, 1999 8:00am Secretary of State

02-03-1999 90019 003 ***150.00



DO NOT WRITE IN THIS SPACE

SACOLA FL 32504	•		3. Date Incorporated or Qualifed		
			09/16/1993		1 505
			4. FEI Number	Applied	
Principal Place of Business	2a. Mailing Address	2a. Mailing Address		<u> </u>	plicable
	26		59-3203748 □	\$8.75 Addi	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee Requi	<u>eu</u>
Odito, r dri in a sa	27		6. Election Campaign Financing	\$5. 00 Ma	
City & State	City & State		Trust Fund Contribution	Added to F	ees
City & Julio	28		8. This corporation owes the current y	ear Intangible	ļ
Country	Zip	Country	Porsonal Property Tax.		No
ZIP [25]	29 30	<u> </u>	10. Name and Address of New Regis	tered Agent	
9. Name and Address of Cui	rrent Registered Agent		TO. Harrie arts		
9. Maille and Address		81 Name			
BROCK, PATRICIA E		82 Street A	ddress (P.O. Box Number is Not Acceptable)		
1141 COILA ST.				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	13 11 13
77" - 1141 COILA SI		83		在一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个	門組織
PENSACOLA FL 32504				85 Zip Co	de
• • •		84 City		FL T	
1. Pursuant to the provisions of Sections 607 office or registered agent, or both, in the S	<u> </u>		corporation submits this statement for the pun ration's board of directors. I hereby accept th	pose of changing its re	gistered
IGNATURE Signature, typed or printed name of registers	ed agent and suc a opposit	Registered Agent signature re	equired when reinstating) ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	S IN 12
					☐ Addition
OFFICER	S AND DIRECTORS			Change	
2. OFFICER	S AND DIRECTORS DELETE	1.1 TITLE	F 2017/48	∐ Change	
2. OFFICER	S AND DIRECTORS			∐ Change	J,
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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:

THE AND TYPED OF PRINTED RAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone