

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 02, 1999 8:00 am  
Secretary of State

03-02-1999 90123 026 \*\*\*150.00

DOCUMENT # P93000088813

1. Corporation Name  
BRO & SISTERS, INC.



Principal Place of Business  
414 N RIDGEWOOD AVE.  
BOX 1  
EDGEWATER FL 32132

Mailing Address  
414 N RIDGEWOOD AVE.  
BOX 1  
EDGEWATER FL 32132

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/30/1993

4. FEI Number

59-3217696

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 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

30

9. Name and Address of Current Registered Agent

CORLEY, NORMA J  
414 N. RIDGEWOOD AVENUE  
BOX 1  
EDGEWATER FL 32132

10. Name and Address of New Registered Agent

81 Name

NORITTA HARRIS

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

2425 ORANGE TREE DR

83

EDGEWATER

84 City

EDGEWATER

FL

85 Zip Code

32141

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 *Noritta Harris*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-10-99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME CORLEY, NORMA J  
STREET ADDRESS 1545 VALENCIA AVE  
CITY-ST-ZIP HOLLY HILL FL 32117

TITLE D ☐ DELETE

NAME HARRIS, WARREN L  
STREET ADDRESS 1232 W WELLINGTON DR  
CITY-ST-ZIP DALTONA FL 32725

TITLE D ☐ DELETE

NAME HARRIS, NORITTA J  
STREET ADDRESS 1232 W WELLINGTON DR  
CITY-ST-ZIP DELTONA FL 32725

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition

1.2 NAME NORMA CORLEY  
1.3 STREET ADDRESS 2900 N ATLANTIC AVE #906  
1.4 CITY-ST-ZIP DAYTONA BEACH FL 32118

2.1 TITLE D ☒ Change ☐ Addition

2.2 NAME WARREN L. HARRIS  
2.3 STREET ADDRESS 2425 ORANGE TREE DR.  
2.4 CITY-ST-ZIP EDGEWATER FL 32141

3.1 TITLE D ☒ Change ☐ Addition

3.2 NAME NORITTA HARRIS  
3.3 STREET ADDRESS 2425 ORANGE TREE DR.  
3.4 CITY-ST-ZIP EDGEWATER FL 32141

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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: *Norma J. Corley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/99  
Date

673-8210  
Daytime Phone #

CR2E034 (1/98)