

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

FILED
May 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000003541 (7)

1. Corporation Name
BRASADA COMPANY

Principal Place of Business
5906 S.W. LUDLUM ST.
PALM CITY FL 34990

Mailing Address
5906 S.W. LUDLUM ST.
PALM CITY FL 34990-5021



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified
01/07/1994

3a. Date of Last Report
05/01/1996

4. FEI Number

~~65-0464213~~ 65-0459949

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GRISEBAUM, JAMES D
5906 S.W. LUDLUM ST.
PALM CITY FL 34990

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL 85 Zip Code

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
GRISEBAUM, JAMES D
5906 SW LUDLUM
PALM CITY FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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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 ☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5906 S.W. LUDLUM ST.
PALM CITY, FL 34990

14. I do 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.

SIGNATURE

SIGNATURE OF REGISTERED AGENT

CR2E034 (9/96)



**CERTIFIED PUBLIC
ACCOUNTANTS**

**ACCOUNTING, BUSINESS
AND TAX ADVISORS**

**33 FLAGLER AVE.
STUART, FL 34994
(861) 283-2356
(861) 287-1887 FAX**

April 24, 1997

COPY

**Florida Department of Revenue
5050 W. Tennessee Street
Tallahassee, FL 32399-0135**

**RE: Brasada Company
FEIN: 65-0459949
Purpose: Duplicate EIN Numbers**

Dear Sirs:

**GORDON O. PROCTOR, C.P.A.
T. MICHAEL CROOK, C.P.A.
NANCY B. CROWDER, C.P.A.
KEVIN M. PAYNE, C.P.A.
PAMELA J. LYNCH, C.P.A.**

**CAROLE J. BURKE, C.P.A.
CHRISTINE L. COLLIER, C.P.A.
LAURIE D. COPELAND, C.P.A.
TODD J. LAYCOCK, C.P.A.
THOMAS J. LEAHY, C.P.A.
JACQUELINE M. MOORE, C.P.A.
O. GREGORY MOORE, C.P.A.
CAROL J. REED, C.P.A.
LINDA J. STEWART, C.P.A.
SHARON L. THIEBAUD, C.P.A.
GINA WISNIEWSKI, C.P.A.**

The above referenced taxpayer appears to have been issued duplicate employer identification numbers (EIN's). All tax returns have been filed using the EIN referenced above (65-0459949). EIN 65-0464213 has never been used and should be deleted.

Please note that Brasada Company elected S Corporation status as of the date of incorporation, December 21, 1993, and filed the initial F-1120 for the period ending December 31, 1994 approximately April 10, 1995. Therefore, there is no filing requirement for the EIN 65-0464213. See the pre-printed Form F-1120A attached. Please delete this EIN at your earliest convenience.

We hope that this letter will avoid any further confusion and thank you for your help in resolving this matter.

If there are any questions, do not hesitate to contact us.

Very truly yours,

Todd J. Laycock, CPA

TJL/br

Enclosures

cc: James D. Grisebaum

COPY

MEMBER:

**INTERNATIONAL GROUP
OF ACCOUNTING FIRMS
ASSOCIATED OFFICES
IN PRINCIPLE U.S. AND
INTERNATIONAL CITIES**

**DIVISION FOR C.P.A. FIRMS
AMERICAN INSTITUTE
OF CERTIFIED PUBLIC
ACCOUNTANTS**

**FLORIDA INSTITUTE
OF CERTIFIED PUBLIC**



Florida Department of Revenue
**Florida Corporate Short Form
Income Tax Return**

F-1120A
R. 12/96
Page 1

65-0464213

12/96

BRASADA COMPANY
5906 SW LUDLUM ST
PALM CITY

FL 34990-5021

Note
Failure to file a required return will
subject a corporation to penalty,
whether or not tax is due.

Who May File F-1120A

A corporation may file Form F-1120A if it meets
ALL of the following criteria:

- Florida Net Income is \$45,000 or less.
- Conducts 100% of its business in Florida (does not apportion income).
- Reports a **NET OPERATING LOSS DEDUCTION** and/or **STATE INCOME TAXES** as the **ONLY** addition to and/or subtraction from Federal Taxable Income.
- Has no Florida Emergency Excise Tax (EET) liability. Corporations that only have assets placed into service after 1/1/87, are not subject to Florida EET.
- Does not file a consolidated corporate return.
- Claims no tax credits other than tentative (extension of time) payments or estimated payments.
- Is not required to pay Federal Alternative Minimum Tax.

A copy of the federal I.R.S. return is not required for corporations eligible to file Form F-1120A. However, the Department may request it at a later date.

S Corporations, Homeowners and Condominium Associations, and Not-for-Profit Organizations, see "Who Must File," Page 3.

The original (not a photocopy) of Form F-1120A must be filed to ensure the Department can properly record the return and credit the tax payment.

Quick Line-Item Instructions for F-1120A

For Detailed Instructions, See Page 4

- Line 1 - Enter the amount of Federal Taxable Income after the net operating loss deduction and special deductions (line 30 of federal Form 1120 or corresponding line item of the federal return filed). If this amount is negative, type/trace over the negative sign in the box provided. Do not use brackets () or < >.
- Line 2 - a. Federal Net Operating Loss Deduction (NOLD). a. \$ _____
b. State Income Taxes deducted in computing Federal Taxable Income. b. \$ _____
c. Total - Add a and b then enter this amount on Line 2. c. \$ _____
- Line 3 - Enter the amount of Florida Net Operating Loss Deduction (NOLD).
- Line 4 - Enter the Florida Exemption, not to exceed \$5,000. For a controlled group or for a short tax year (less than 12 months) see instructions, page 4.
- Line 5 - Enter the sum of Lines 1 plus 2 minus 3 minus 4 (1 + 2 - 3 - 4). If this amount is negative, type/trace over the negative sign preceding the amount on Line 5, and enter zero (0) on Line 6.
- Line 6 - If Line 5 is a positive amount, multiply Line 5 by 5.5% and enter the result on Line 6.
- Line 7 - Enter the amount of any tentative tax payment, plus any estimated tax payments (carryovers), and any Corporate Tax credit correction letter issued by DOR.
- Line 8 - See instructions for penalty and interest, pages 4 and 5.
- Line 9 - Enter the sum of Line 6 minus 7 plus 8 (6 - 7 + 8). If Line 9 is a positive amount, this is the amount of tax due. If Line 9 is a negative amount, you have overpaid your Florida Corporate Income Tax. Type/trace over the negative sign, and complete Line 9a or 9b.
- Line 9a - Place an "X" in this box if the overpayment should be credited toward next year's tax liability.
- Line 9b - Place an "X" in this box if the overpayment should be refunded.

The F-1120A is a machine-readable form. Please follow the hand print or machine print instructions. Use Black Ink.
If hand printing this document, print your numbers as shown and write one number per box. Write within the boxes. 0 1 2 3 4 5 6 7 8 9
If typing this document, type through the boxes and type all of your numbers together. 0123456789

	DOLLARS				CENTS	
1. Federal Taxable Income						
2. Plus (+) Federal NOLD + State Income Tax						
3. Less (-) Florida NOLD						
4. Less (-) Exemption						
5. Equals (=) Florida Net Income						
6. Tax Due 5.5% of Line 5						
7. Less (-) Payment Credits						
8. Plus (+) Penalty & Interest (See instructions)						
9. Total Amount Due or Overpayment (Complete Line 9a or 9b for overpayments)						

**Florida Corporate Short Form
Income Tax Return**

F-1120A
R. 12/96

Mail bottom coupon only.
Keep upper portion for your records.

BRASADA COMPANY
5906 SW LUDLUM ST
PALM CITY

FL 34990-5021

MAKE CHECKS PAYABLE AND MAIL TO:
FLORIDA DEPARTMENT OF REVENUE
5050 W. TENNESSEE STREET
TALLAHASSEE, FL 32399-0135

65-0464213

F.E.I. NUMBER

MMDDYY MMDDYY

123196

TAX YEAR BEGINNING TAX YEAR ENDING

REMEMBER TO COMPLETE THE BACK OF THIS FORM

040 301296 430502 6504642133