**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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 17 PM 3:29

DOCUMENT # P94000021501 (9)

1. Corporation Name
BROOKS & NETTLES, INC.

Principal Place of Business
25704 E HWY 50
CHRISTMAS FL 32709

Mailing Address
POB 370
CHRISTMAS FL 32709

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified: 03/16/1994
3a. Date of Last Report:

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. EI Number: 59-3232793 — 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 § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
FROELICH, FRANCINE E
25704 E HWY 50
CHRISTMAS FL 32709

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 of a member of the board of directors or the President — DATE — Registered Agent (signature required when a change) — DATE

12. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | PRESIDENT |
| NAME | FRANCINE FROEHLICH |
| STREET ADDRESS | 25704 E. HWY 50 |
| CITY-ST-ZIP | CHRISTMAS, FL 32709 |
| TITLE | SECRETARY - TREASURER |
| NAME | TODD NETTLES |
| STREET ADDRESS | 823 C 470A |
| CITY-ST-ZIP | WEBSTER, FL 33597 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---|---|
| 11 TITLE | ☐ Change ☐ Addition |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY-ST-ZIP | |
| 21 TITLE | ☐ Change ☐ Addition |
| 22 NAME | |
| 23 STREET ADDRESS | |
| 24 CITY-ST-ZIP | |
| 31 TITLE | ☐ Change ☐ Addition |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY-ST-ZIP | |
| 41 TITLE | ☐ Change ☐ Addition |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY-ST-ZIP | |
| 51 TITLE | ☐ Change ☐ Addition |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY-ST-ZIP | |
| 61 TITLE | ☐ Change ☐ Addition |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 CITY-ST-ZIP | |

14. I hereby certify that the information contained herein is true and correct and that I am familiar with the provisions of Section 607.0505, Florida Statutes. I further certify that the information contained in the annual report or supplemental annual report is true and correct and that my signature below is the same as appears on file with the Department of State. I further certify that I am an officer or director of the corporation or the person employed to complete the report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this document, or I am authorized to sign and file with an affidavit.

SIGNATURE: Francine Froehlich — 1-30-95 — 407-568-5068

SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OR OFFICER OR DIRECTOR — DATE — TELEPHONE NUMBER

0413557 FP