

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

50 MAY -1 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000034324 (1)

1. Corporation Name

BRONE ENTERPRISES, INC.

Principal Place of Business

**109 HERON TURN
PANAMA CITY BEACH FL 32407**

Mailing Address

**109 HERON TURN
PANAMA CITY BEACH FL 32407**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/06/1994

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

26

2110 N. COVE BLVD

Suite, Apt. #, etc.

City & State

PANAMA CITY FL

Zip

32405

Country

BAY

4. FEI Number

59-3245434

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

**BROWN, LESTER PAUL JR.
109 HERON TURN
PANAMA CITY BEACH FL 32407**

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 the 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 date of signature)

(If not the Registered Agent, signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

**DPT
BROWN, LESTER P JR.
109 HERON TURN
PANAMA CITY BEACH FL 32407**

**DVS
BONE, ROBERT
1904 MICCOSUKEE ROAD
TALLAHASSEE FL 32308**

**D
BROWN, HELEN
109 HERON TURN
PANAMA CITY BEACH FL 32407**

**D
BONE, SALLY
1904 MICCOSUKEE ROAD
TALLAHASSEE FL 32308**

**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 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(1)(b), Florida Statutes. I further certify that the information included 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 Treasurer or transfer agent empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or both, as changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

27 APR 95 (904) 747 1050