

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P94000034324 (1)**

1. Corporation Name

**BRONE ENTERPRISES, INC.**



Principal Place of Business

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

Mailing Address

**2110 N. COVE BLVD.  
PANAMA CITY FL 32405  
US**

3. Date Incorporated or Qualified  
**05/06/1994**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

21 **3813 N. MONROE ST**

2a. Mailing Address

26 **3813 N MONROE ST**

4. FEI Number

**59-3245434**

Applied For

Not Applicable

Suite, Apt. #, etc.

22 **# 4**

Suite, Apt. #, etc.

27 **# 4**

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

City & State

23 **TALLAHASSEE FL**

City & State

28 **TALLAHASSEE, FL**

6. Election Campaign Financing

☐

**\$5.00 May Be  
Added to Fees**

Zip

24 **32303**

Country

25 **USA**

Zip

29 **32303**

Country

30 **USA**

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 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 signatory (Required for all signatories)

(If filer is Registered Agent, signature required when necessary)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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

☐ 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

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY- ST- ZIP

☐ Change ☐ Addition

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY- ST- ZIP

☒ Change ☐ Addition

**2804 PRIMROSE LANE  
32301**

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY- ST- ZIP

☐ Change ☐ Addition

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY- ST- ZIP

☒ Change ☐ Addition

**2804 PRIMROSE LANE  
32301**

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY- ST- ZIP

☐ Change ☐ Addition

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY- ST- ZIP

☐ Change ☐ Addition

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(3)(k), 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:

**Robert Bone**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/18/96**

**904 942-1848**

Telephone Number

CR2E034 (12/95)