

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED

96 DEC 13 PH 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P94000050915 (5)

1. Corporation Name

BRAKEFIELD'S GREENERY, INC.

Principal Place of Business

8700 W. JOSEPHINE ROAD
SEBRING FL 33872

Mailing Address

251 NE 32ND CT
FT LAUDERDALE FL 33334
US

REINSTATEMENT

3. Date Incorporated or Qualified

07/05/1994

3a. Date of Last Report

03/31/1995

4. FEI Number

65-0495417

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

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

26

7130 SW 173 Way

27

Suite, Apt. #, etc.

28

City & State

29

Ft. Lauderdale FL

30

Zip

Country

31

33331

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRAKEFIELD, JAMES
8700 W. JOSEPHINE ROAD
SEBRING FL 33872

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 607.0506, Florida Statutes.

SIGNATURE

James Brakefield

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VP
NAME BRAKEFIELD, JAMES
STREET ADDRESS 8700 W. JOSEPHINE ROAD
CITY - ST - ZIP SEBRING FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 300002033283--6
1.4 CITY - ST - ZIP -12/19/96--01014--021
*****150.00 *****150.00

TITLE P
NAME BRAKEFIELD, LOIE
STREET ADDRESS 641 NE 28 ST
CITY - ST - ZIP WILTON MANORS FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 300002033283--6
2.4 CITY - ST - ZIP -12/19/96--01014--020
*****225.00 *****225.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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(3)(4), 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:

Loie Brakefield
SIGNATURE AND PRINTED NAME OF PRINTING OFFICER OR DIRECTOR

Loie Brakefield

954-434-5001