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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 AM 11:35

DOCUMENT # **P94000052149 (9)**

1. Corporation Name
BRITTANY PROPERTY CARE, INC.

Principal Place of Business	Mailing Address
447 LOMA BONITA DRIVE DAVENPORT FL 33837	447 LOMA BONITA DRIVE DAVENPORT FL 33837

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/14/1994
3a. Date of Last Report: N/A

2. Principal Place of Business	2a. Mailing Address
21 5645 Loma Vista Court	26 5645 Loma Vista Court
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Davenport, Florida	28 City & State: Davenport, Florida
24 Zip: 33837 / 25 Country: U.S.A.	29 Zip: 33837 / 30 Country: USA

4. FEI Number: 59-3256586 — ☐ 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	10. Name and Address of New Registered Agent
EMBERTON, KENNETH 447 LOMA BONITA DRIVE DAVENPORT FL 33837	81 Name: Kenneth Emberton (Retired) 82 Street Address (P.O. Box Number is Not Acceptable): 5410 Loma Vista Loop 83 84 City: Davenport FL 85 Zip Code: 33837

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when executing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D ☒ Change ☐ Addition
NAME	JONES, THOMAS A LLAN	12 NAME	Jones, Thomas Allan
STREET ADDRESS	SHERWOOD, CROESWYLAN LANE	13 STREET ADDRESS	5645 Loma Vista Court
CITY ST ZIP	OSWESTRY, SHROPSHIRE, ENG. SY109-PT	14 CITY ST ZIP	Davenport, Florida 33837
TITLE	D	21 TITLE	D ☒ Change ☐ Addition
NAME	EMBERTON, KENNETH	22 NAME	Emberton, Kenneth
STREET ADDRESS	447 LOMA BONITA DRIVE	23 STREET ADDRESS	5410 Loma Vista Loop
CITY ST ZIP	DAVENPORT FL 33837	24 CITY ST ZIP	Davenport, Florida 33837
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		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 exemptions 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: Thomas A Llan Jones — 3/20/95, 813-424-0916
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
Thomas Allan Jones