

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

CORPORATION
ANNUAL REPORT
1995



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

FILED

95 MAY -1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000083741 (6)

1. Corporation Name

BREWSTER & ASSOCIATES, INC.

Principal Place of Business

601 BEACHWALK CIRCLE
APT. L-204
NAPLES FL 33963

Mailing Address

601 BEACHWALK CIRCLE
APT. L-204
NAPLES FL 33963

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

11/14/1994

4. FEI Number

36-3653433

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

21 Suite, Apt. #, etc

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip

29 Country

10. Name and Address of New Registered Agent

81 Name

Harold O. Brewster

82 Street Address (P.O. Box Number is Not Acceptable)

601 Beachwalk Circle

83 #L204

84 City

Naples

FL

85 Zip Code

33963

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

Harold O. Brewster

Harold O. Brewster

4/23/95

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

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STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

13.

1. TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY ST ZIP

2. TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY ST ZIP

3. TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY ST ZIP

4. TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY ST ZIP

5. TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY ST ZIP

6. TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY ST ZIP

☐ Change ☐ Addition

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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 110.07(3)(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 registered or business agent, or I am authorized 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:

Harold O. Brewster

Harold O. Brewster

4/23/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Type or Print Name)