SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $275)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -9 AM 4:11

DOCUMENT # **P94000086388 (3)**

1. Corporation Name
BROOKER CREEK CAROLINA COMPANY

Principal Place of Business	Mailing Address
~~3012 ARBOR OAKS DRIVE~~ ~~TARPON SPRINGS FL 34689~~	~~3012 ARBOR OAKS DRIVE~~ ~~TARPON SPRINGS FL 34689~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/28/1994
3a. Date of Last Report: NEW

2. Principal Place of Business
21 ATLANTIC STATION
Suite, Apt. #, etc.
22 1010 WEST FORT MACON ROAD
City & State
23 ATLANTIC BEACH, NC
Zip 24 28512 Country 25 USA

2a. Mailing Address
26 POST OFFICE BOX 2930
Suite, Apt. #, etc.
27
City & State
28 ATLANTIC BEACH, NC
Zip 29 28512-2930 Country 30 USA

4. FEI Number: 59-3279432 ☐ 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

SHAPIRO, THOMAS A
~~3012 ARBOR OAKS DRIVE~~
~~TARPON SPRINGS FL 34689~~

10. Name and Address of New Registered Agent

81 Name: GEORGE E. OWEN, JR.
82 Street Address (P.O. Box Number is Not Acceptable): SUITE 202
83: 888 Executive Center Drive West
84 City: ST. Petersburg, FL 85 Zip Code: 33702

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: George E. Owen, Jr. / George E. Owen, Jr. DATE: 7-21-95
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	President ☒ Change ☐ Addition
NAME	SHAPIRO, THOMAS A	1.2 NAME	
STREET ADDRESS	~~3012 ARBOR OAKS DRIVE~~	1.3 STREET ADDRESS	1916 CHAMPION DRIVE
CITY-ST-ZIP	~~TARPON SPRINGS FL 34689~~	1.4 CITY-ST-ZIP	MOREHEAD CITY, NC 28557
TITLE	D	2.1 TITLE	Secretary ☒ Change ☐ Addition
NAME	MAROSTICA-SHAPIRO, PAMELA L	2.2 NAME	
STREET ADDRESS	~~3012 ARBOR OAKS DRIVE~~	2.3 STREET ADDRESS	1916 CHAMPION DRIVE
CITY-ST-ZIP	~~TARPON SPRINGS FL 34689~~	2.4 CITY-ST-ZIP	MOREHEAD CITY, NC 28557
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E084 (3/95)

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)(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. Shapiro THOMAS A. SHAPIRO 7/11/95 919-726-9588
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — President — Date — Daytime Phone #

018081 FP