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 # **P94000092325 (7)**

1. Corporation Name
BRAGA HOLCOMBE ENGINEERING, INC.

Principal Place of Business
7901 BAYMEADOWS WY.
STE. 13
JACKSONVILLE FL 32256

Mailing Address
7901 BAYMEADOWS WY.
STE. 13
JACKSONVILLE FL 32256

3. Date Incorporated or Qualified: 01/03/1995
3a. Date of Last Report: —

2. Principal Place of Business
21 1820 W. COLONIAL DR.
22 Suite, Apt. #, etc.
23 City & State: ORLANDO, FL
24 Zip: 32804
25 Country: USA

2a. Mailing Address
26 1820 W. COLONIAL DR.
27 Suite, Apt. #, etc.
28 City & State: ORLANDO, FL
29 Zip: 32804
30 Country: USA

4. FEI Number: 59-3285420 — 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
HOLCOMBE, JAMES R
1796 MAHAFFEY CIRCLE
LAKELAND FL 33811

10. Name and Address of New Registered Agent
81 Name: JAMES R. HOLCOMBE
82 Street Address (P.O. Box Number is Not Acceptable): 1820 W. COLONIAL DRIVE
83
84 City: ORLANDO FL 85 Zip Code: 32804

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: _____

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	HOLCOMBE, JAMES R	
STREET ADDRESS	1796 MAHAFFEY CIRCLE	
CITY-ST-ZIP	LAKELAND FL 33811	
TITLE	D	☒ DELETE
NAME	BRAGA, JOHN O	
STREET ADDRESS	16442 LAKE SHORE DR.	
CITY-ST-ZIP	MINNEOLA FL 32801	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRES	☒ Change ☐ Addition
1.2 NAME	JAMES R. HOLCOMBE	
1.3 STREET ADDRESS	1820 W. COLONIAL DRIVE	
1.4 CITY-ST-ZIP	ORLANDO, FL 32804	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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: James R. Holcombe — JAMES R. HOLCOMBE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96
Date

(407) 426-8782
Daytime Phone #