

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

DOCUMENT # **P94000094296 (8)**

1. Corporation Name

BRINKLEY FAMILY CORPORATION, INC.



Principal Place of Business

**215 S. MONROE ST., SUITE 701
TALLAHASSEE FL 32301**

Mailing Address

**215 S. MONROE ST., SUITE 701
TALLAHASSEE FL 32301**

3. Date Incorporated or Qualified
12/30/1994

3a. Date of Last Report
03/17/1995

2. Principal Place of Business

2a. Mailing Address

21
Suite, Apt. #, etc.

26
Suite, Apt. #, etc.

22
City & State

27
City & State

23
Zip

Country

28
Zip

Country

24

25

29

30

4. FEI Number
59-3287766

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

**WARFEL, TIMOTHY J
215 S. MONROE ST., SUITE 701
TALLAHASSEE FL 32301**

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 607.0505, Florida Statutes.

SIGNATURE

(Signature of person authorized to execute this form)

(Print Name of Agent, Signature required for registration)

Date

12. OFFICERS AND DIRECTORS

1. TITLE

D

☐ DELETE

NAME

**BRINKLEY, ROBERT T III
548 SAN LORENZO
CORAL GABLES FL 33146**

STREET ADDRESS

CITY, ST, ZIP

2. TITLE

D

☐ DELETE

NAME

**LAUDER, WILMA B
ROUTE 31, BOX 156
TALLAHASSEE FL 32312**

STREET ADDRESS

CITY, ST, ZIP

3. TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

4. TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

5. TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

6. TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

☐ Change

☐ Addition

2. NAME

13. STREET ADDRESS

14. CITY, ST, ZIP

2. TITLE

☐ Change

☐ Addition

2. NAME

2. STREET ADDRESS

2. CITY, ST, ZIP

3. TITLE

☐ Change

☐ Addition

3. NAME

3. STREET ADDRESS

3. CITY, ST, ZIP

4. TITLE

☐ Change

☐ Addition

4. NAME

4. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

☐ Change

☐ Addition

5. NAME

5. STREET ADDRESS

5. CITY, ST, ZIP

6. TITLE

☐ Change

☐ Addition

6. NAME

6. STREET ADDRESS

6. 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)(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:

Wilma B. Lauder
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-96

904/488-4187

CR2E034 (12/95)