• FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED Oct 05 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS 9500005 7996 DOCUMENT # 1. Corporation Name BREVARD, INC. Principal Place of Business Mailing Address Seagrove, Florida P.O. Box 2100 Santa Rosa Beach, FL 32459 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified March 1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3301900 Florida 21 P.O. Box 2100 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 26 Country Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. 25 29 Yes Yes ☐ No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 61 NANCY HALLBERG 82 Street Address (P.O. Box Number is Not Acceptable) В3 City SEAGROVE, 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 it an important product the obligations of Section 607.0505, Florida Statutes. NANCY HALLBERG, PRESIDENT (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS :R2E034 (10/97 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PRESIDENT/VP/SEC/TREAS DELETE. Change Addition THEF 1.111115 NANCY HALLBERG NAME 1.2 NAME 73B CHIVAS LANE STREET ADDRESS 1.3 STREET ADDRESS SEAGROVE, FL CITY-ST-ZIP 32459 14 CITY - ST-ZIP DELETE Change Addition 1111.€ 21 THLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-7IP DELETE TITLE 3.1.11H/F Change Andihou NAME 3.2 NAMI STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY+ST-7IP TITLE ☐ DELETÉ Change Addition 4.1 TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP ☐ DELETE THLE 🔲 Change 🔲 Addition 5.1100.0 400002656244 NAME 5.2 NAME -**10/**06/38--01006--0**3**3 STREET ADDRESS 5 3 STREET ADDRESS ***150,00 5.4 CITY-S1-70P CITY-ST-7IP ThILE DELETE ☐ Change Addition 6.1 1181 E NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this armual report or supplemental armual report is true and accurate and that my signature shall have the same logal 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 chapterd, or on a statchment with an address.

64 CiTY-ST-ZIP

SIGNATURE



TO WHOM IT MAY CONCERN:

I WAS INSTRUCTED TO WRITE A LETTER EXPLAINING THE REASON WHY THIS DOCUMENT WAS FILED LATE, THEREFORE REDUCING MY FILING FEES TO THE ORIGINAL \$150.00.

IT SEEMS EACH YEAR I HAVE RECEIVED THE DOCUMENTS) TO BE FILLED OUT, THE ANNUAL REPORT, LATE, AND THIS YEAR, IT DID NOT ARRIVE AT ALL. I CALLED THE DEPARTMENT OF STATE TO REPORT THIS, AND THEY SENT OUT ANOTHER FORM, HOWEVER, THIS FORM WAS FOR A SOLE PROPRIETOR OR SOMETHING, AND WHEN I CALLED, THEY TOLD ME TO WAIT FOR A NEW DOCUMENT. I RECENTLY RECEIVED A NEW DOCUMENT, HOWEVER, IT WAS A BLANK FORM, AND I DO NOT REMEBER HOW I FILLED LAST YEAR'S FORM, SO I TRIED TO LOCATE IT. UNFORTUNATELY, I COUND NOT FIND A COPY SO I FILLED THIS OUT THE BEST WAY I KNEW HOW. I AM ENCLOSING \$150.00, HOWEVER, IF THIS IS NOT ALRIGHT, I'M SURE YOU WILL LET ME KNOW.

THANK YOU FOR YOUR TIME AND PATIENCE.

NANCY HALLBERG