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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000010159

1. Corporation Name

BRANDON REFERRAL SERVICE, INC.

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90116 043 ***150.00



Principal Place	e of Business	Ma	ailing Address				(1981) the 18(8) and 18(1) and 1811) and 1811 and 1811 and 1811
2505 STATE ROAD 60 EAST 2505 STATE ROAD 60 EAST VALRICO FL 33594							
							DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualifed
}							02/03/1995
Principal Place of Business 2a. Mailing Address							4. FEI Number Applied For
21 26							59-3301559 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.							5. Certificate of Status Desired Section Section 5. Certificate of Status Desired Section 5. Certificate 5.
22 27							Fee Kequired
City & State City & State							6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
23 28				Courn	Country		
Zip			30	- ¬		This corporation owes the current year Intangible Personal Property Tax. Tyes ANO No.	
24	25 9. Name and Address of Co	tered Agent				10. Name and Address of New Registered Agent	
	5, Italia and Addition of C.				B1	Name	
MERKEY, PATRICIA						C1 1 A d d	(D.O. Roy Number is Not Assertable)
2505 STATE ROAD 60 EAST				,	B2	Street Addr	ress (P.O. Box Number is Not Acceptable)
VALI	RICO FL 33594			Ī	В3	-	
l				Ļ	-	0.4	■. 85 Zip Code
				['	84	City	FL SS Zip Code
					gent		ad when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	D	3 AND DIRE	☐ DELETE	1.1 1111	E	\ <u>\</u>	Director Change Addition
NAME	MERKEY, PATRICIA			1.2 NAM	Æ	(Curry, Derrell R. Change Addition 2505 S.R. UU East
STREET ADDRESS	ASAC ATATE DOAD OF TA	ST		1.3 STR	EET	ADDRESS	2505 SIR. OU EAST
CITY-ST-ZIP	VALRICO FL 33594			1.4 CITY	/- \$T	r-ZIP	Valrice 1 F1 33594
TITLE			DELETE	2.1 TITL	E_		Change Addition
NAME				2.2 NAM	Æ		
STREET ADDRESS				2.3 STR	EET	ADDRESS	
CITY-ST-ZIP		- - -		2.4 CIT	Y-\$	T-ZIP	
TITLE			☐ DELETE	3.1 TITL]	☐ Change ☐ Addition
NAME				3.2 NAN		Ì	
STREET ADDRESS				1		ADDRESS	
CITY-ST-ZIP			☐ DELETE	3.4. QIT 4.1 TITL		T-ZIP	Change Addition
TITLE			□ nere is	4.1 IIIL			
NAME STREET ADDRESS						ADDRESS	
STREET ADDRESS				4.3 5 I K			
CITY-ST-ZIP TITLE			☐ DELETE	5.1 TITL		-215	☐ Change ☐ Addition
NAME			<u>_</u>	5.2 NAN		ĺ	-
STREET ADDRESS				5.3 STR	EET	ADDRESS	
CITY-ST-ZIP				5.4 CITY	Y-ST	r-ZIP	
TITLE			☐ DELETE	6.1 TITL	E		☐ Change ☐ Addition
NAME				6.2 NAA	Æ		
STREET ADDRESS				6.3 STR	EET	ADDRESS	
CITY-ST-ZIP	}			6.4 CIT	Y- \$T	r-ZIP	

14. I hereby 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 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 of the receiver of 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, with all other like empowered.

SIGNATURE: