

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 # P95000014712

1. Corporation Name

BREVARD COUNTY MULTIPLE LISTING SERVICE, INC.

Principal Place of Business

**1450 SARNO ROAD
MELBOURNE FL 32935-5299**

Mailing Address

**1450 SARNO ROAD
MELBOURNE FL 32935-5299**

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90148 023 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/20/1995

4. FEI Number

59-3354434

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

**WILSON, SAMUEL H.
1450 SARNO ROAD
MELBOURNE FL 32935**

10. Name and Address of New Registered Agent

81 Name

MURRAY, WENDY E.

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 *Wendy E. Murray*
Signature, typed or printed name of registered agent and title if applicable.

Wendy E. Murray, President

January 7, 1999

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME **EVP
WILSON, SAMUEL H**
STREET ADDRESS **1450 SARNO ROAD**
CITY-ST-ZIP **MELBOURNE FL 32935-5299**

TITLE ☒ DELETE

NAME **P
COLLINS, EUGENE JAMES J**
STREET ADDRESS **1010 SUNSWEPT RD NE**
CITY-ST-ZIP **PALM BAY FL 32905**

TITLE ☐ DELETE

NAME **D
PETTY, ALICE S**
STREET ADDRESS **5920 SOUTH HWY A1A**
CITY-ST-ZIP **MELBOURNE BEACH FL**

TITLE ☒ DELETE

NAME **T
HISEY, JACK D**
STREET ADDRESS **105 NORTH PALM AVE**
CITY-ST-ZIP **INDIALANTIC FL**

TITLE ☐ DELETE

NAME **S
BRAY, GALE SUSAN**
STREET ADDRESS **1331 S HARBOR CITY BLVD**
CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE ☐ DELETE

NAME **D
PRUITT, JAMES M**
STREET ADDRESS **10 SOUTH HARBOR CITY BLVD**
CITY-ST-ZIP **MELBOURNE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **P
MURRAY, WENDY E.**
1.3 STREET ADDRESS **406 OCEAN AVENUE**
1.4 CITY-ST-ZIP **MELBOURNE BEACH FL 32951**

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **D
CLARK, BRIAN DOUGLAS**
2.3 STREET ADDRESS **1460 BAYTREE DRIVE, NE**
2.4 CITY-ST-ZIP **PALM BAY FL 32905**

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 **D
AUBUCHON, JUDY**
4.3 STREET ADDRESS **1097 SOUTH PATRICK DRIVE**
4.4 CITY-ST-ZIP **SATELLITE BEACH FL 32937**

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

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 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, with all other like empowered.

SIGNATURE: *Wendy E. Murray*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wendy E. Murray

Jan. 7, 1999

407/984-3135

Date

Daytime Phone #

CR2E034 (1/98)

0112837