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

PROFIT CORPORATION ANNUAL REPORT



DOCUMENT # **P95000029969** 

FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State

1999

BREVARD BONDING, INC.

1. Corporation Name

DIVISION OF CORPORATIONS

## **FILED** Feb 15, 1999 8:00am **Secretary of State**

02-15-1999 90023 020 \*\*\*150.00



Principal Place	of Business	Mailing Address		
310 BRUNSON BLVD. COCOA FL 32922		310 BRUNSON BLVD. COCOA FL 32922		DO NOT WRITE IN THIS SPACE
00007172 424	_			3. Date Incorporated or Qualifed
				05/01/1995
		2a. Mailing Address		4. FEI Number Applied For
2. Principal Pl	ace of Business	<b>├</b> ¬		59-3311472   Not Applicable
21		Suite, Apt. #, etc.		5. Certificate of Status Desired  Fee Required
Suite, Apt.	#, etc.	<b>├</b> ─┐		
22		City & State		6. Election Campaign Financing \$5.00 May Be
City & Stat	e	28		Trust Fund Contribution Added to Fees
23	Country	Zip Co	ountry	8. This corporation owes the current year Intangible
Zip	25	29 30		Personal Property Tax. Yes No  10. Name and Address of New Registered Agent
24	9. Name and Address of Curr			10. Name and Address of New Register 52 7.5
	3. Ivanic and years		81 Name	
SFR	RAFINI, PATRICIA K		82 Street Add	dress (P.O. Box Number is Not Acceptable)
310	BRUNSON BLVD.			
	COA FL 32922		83	
			84 City	FL 85 Zip Code
dd Durauan	to the provisions of Sections 607.0	502 and 607.1508, Florida Statutes, the	e above-named co	reporation submits this statement for the purpose of changing its registered attion's board of directors. I hereby accept the appointment as registered
11. Pursuan	registered agent, or both, in the Sta	ate of Florida. Such change was authorized at the state of Florida Signations of, Section 607.0505 Florida S	tatutes.	C P: 10 60
agent. I	am familiar with, and accept the obt	Canadau HATA	C. D. 1 -	30/24101
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable. (NOTE: Registr	ered Agent signature requ	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	OFFICERS	AND DIRECTORS	13	ADDITIONS/CHANGES TO OTT TO SECULD Change Addition
TITLE	D	☐ DELETE	,1 TITLE	
NAME	SERAFINI, PATRICIA K		.2 NAME	
STREET ADDRES	A1 A7AA1	1	.3 STREET ADDRESS	
	COCOA FL 32927		.4 CITY-ST-ZIP	☐ Change ☐ Addition
CITY-ST-ZIP	D	☐ DELETE 2	2.1 TITLE	
NAME	SERAFINI, GREGORY		2.2 NAME	
STREET ADDRES	ATAC ALAZANI	1 2	2.3 STREET ADDRESS	
1	COCOA FL 32927		2. 4 CITY-ST-ZIP	Change Addition
CITY-ST-ZIP	00000112 02027	DELETE	3.1 TITLE	_
NAME			3.2 NAME	The second secon
STREET ADDRE	00		3.3 STREET ADDRESS	
1	33		3.4. CITY-ST-ZIP	Change : Additio
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE	
NAME			4. 2 NAME	
STREET ADDRE	===		4.3 STREET ADDRESS	
			4.4 CITY-ST-ZIP	Change ☐ Addition
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE	
NAME		i	5.2 NAME	• * * * * * * * * * * * * * * * * * * *
STREET ADDR	FSS	ŀ	5.3 STREET ADDRESS	
		<u></u>	5.4 CITY-ST-ZIP	Change Addition
TITLE		☐ DELETE	6.1 TITLE	
		•	6.2 NAME	
NAME STREET ADDR			6.3 STREET ADDRESS	
	(522)		64 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.