FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000032721 (9)

1. Corporation Name
BRODUS AND ASSOCIATES INC.

Principal Place of Business
360 1ST ST.
GROVELAND FL 34736

Mailing Address
360 1ST ST.
GROVELAND FL 34736

3. Date Incorporated or Qualified: 04/26/1995
3a. Date of Last Report:

2. Principal Place of Business
21 103 Taylor Ave
Suite, Apt. #, etc.
22
City & State
23 Groveland, FL
Zip
24 34736
Country
25 Lake

2a. Mailing Address
26 P.O. Box 455
Suite, Apt. #, etc.
27
City & State
28 Groveland, FL
Zip
29 34736
Country
30 Lake

4. FEI Number: 59-3385219 ☐ 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**

BRODUS, LUCILLE
360 1ST ST.
GROVELAND FL 34736

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 360 First Ave. P.O. Box 455
83
84 City Groveland FL 85 Zip Code 34736

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	BRODUS, CORNELIUS	
STREET ADDRESS	360 1ST ST.	
CITY-ST-ZIP	GROVELAND FL 34736	
TITLE	D	☐ DELETE
NAME	BRODUS, LUCILLE	
STREET ADDRESS	360 1ST ST.	
CITY-ST-ZIP	GROVELAND FL 34736	
TITLE	D	☐ DELETE
NAME	FORREST, DONNA M	
STREET ADDRESS	360 1ST ST.	
CITY-ST-ZIP	GROVELAND FL 34736	
TITLE	D	☐ DELETE
NAME	BRODUS, CORNELIUS JR.	
STREET ADDRESS	360 1ST ST.	
CITY-ST-ZIP	GROVELAND FL 34736	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☐ Change ☒ Addition
1.2 NAME	BRODUS, CHANDA T	
1.3 STREET ADDRESS	360 1ST. Ave.	
1.4 CITY-ST-ZIP	~~GROVELAND, FL 34637~~	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	900001884889	☐ Change ☐ Addition
5.2 NAME	-07/05/96--01031--051	
5.3 STREET ADDRESS	***200.00	
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP	05-01-96	

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: Lucille Brodus Lucille Brodus 4/28/96 904-429-2691
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (12/95)