Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90275 036 ***150.00



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000044153

1. Corporation Name

BRERETON KRAUSE & MYERS, INC.

		-						
Principal Place of Business Mailing Address						L (2011)001 yin ibint birit botit botit botit batti betti birit birit birit birit birit birit birit birit birit		
5811 PELICAN BAY BOULEVARD. SUITE 612 5811 PELICAN BAY BOULEVAR NAPLES FL 34108 NAPLES FL 33963 US				UITE	612	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed		
						05/30/1995		
Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For		
21		26	26			65-0574062 Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired Sa.75 Additional		
22		27				rea Required		
City & Stat	te	City & State				6. Election Carnpaign Financing Trust Fund Contribution S Added to Fees		
Zip	Country	Zip Country			This corporation owes the current year Intangible			
24	25	29	30			Personal Property Tax.		
	9. Name and Address of Curren					10. Name and Address of New Registered Agent		
				81	Name			
BRERETON, BARBARA A				82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
5811 PELICAN BAY BOULEVARD, SUITE 612 NAPLES FL 33963				83				
NAL	LEO FL 30900			83				
				84	City	FL 85 Zip Code		
office or i agent. I a	am familiar with, and accept the obliga	ations of, Section 607.0505, Fit	oriua otat	utes		poration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered as when reinstating)		
12.	OFFICERS AN	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TI			☐ Change ☐ Addition		
NAME	DITTE OIL THELIAM			1.2 NAME 1.3 STREET ADDRESS				
STREET ADDRESS 5811 PELICAN BAY BLVD. #61 NAPLES FL				TY-S				
CITY-ST-ZIP TITLE	VP	DELETE	2.1 TI		1-21	☐ Change ☐ Addition		
NAME	KRAUSE, ANDREW		2.2 N	AME				
STREET ADDRESS		i12	2.3 S	TREET	T ADDRESS			
CITY-ST-ZIP			2.40	CITY-S	ST-ZIP			
TITLE	T		3.1 Ti			☐ Change ☐ Addition		
NAME	MYERS, WILLIAM		3.2 N					
STREET ADDRESS		i12			TADDRESS			
CITY-ST-ZIP TITLE	NAPLES FL	☐ DELETE	3.4. C		ST-ZIP	☐ Change ☐ Addition		
NAME	BRERETON, BARBARA	<u> </u>	1	IAME				
STREET ADDRESS	**** DELIGATE DAY DUE "A	i12	1		T ADORESS			
CITY-ST-ZIP	NAPLES FL			ITY-S	1			
TITLE		☐ DELETE	5.1 T	ITLE		☐ Change ☐ Addition		
NAME			5.2 N		1			
STREET ADDRESS	à				TADORESS			
CITY-ST-ZIP	<u>_</u>		5.4 C		T-ZIP	☐ Change ☐ Addition		
TITLE	I .	LI DELETE	- U I			□ onango □ nontion		

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS