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FILED

Apr 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000045327 (0)

1. Corporation Name

BRS CONSULTING SERVICES, INC.



Principal Place of Business

2920 HARPOON LN
ST. JAMES CITY FL 33956

Mailing Address

2920 HARPOON LN
ST. JAMES CITY FL 33956-2314

3. Date Incorporated or Qualified

06/06/1995

3a. Date of Last Report

01/29/1996

2. Principal Place of Business

21 5101 PINE ISLAND ROAD

Suite, Apt. #, etc.

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

4. FEI Number

65-0591101

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

City & State

23 BOKEELIA FL

Zip

24 33922

Country

25 USA

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

HAESEMEYER, ELIZABETH A
3548 TANGERINE DR
ST. JAMES CITY FL 33956

10. Name and Address of New Registered Agent

81 Name

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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME HAESEMEYER, ELIZABETH A
STREET ADDRESS 3548 TANGERINE DR
CITY- ST- ZIP ST. JAMES CITY FL 33956

TITLE D ☐ DELETE

NAME SNYDER, SHIRLEY M
STREET ADDRESS 2920 HARPOON LN
CITY- ST- ZIP ST. JAMES CITY FL 33956

TITLE VICE-PRESIDENT ☐ DELETE

NAME RADFORD HAZEN
STREET ADDRESS 3548 TANGERINE DRIVE
CITY- ST- ZIP ST. JAMES CITY, FL 33956

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

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

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY- ST- ZIP

14. I do 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-97

Date

941-283-9558

Daytime Phone #

0408002

CR2E034 (9/96)