

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED

Aug 05 1996 8:00 am

Secretary of State

DOCUMENT # 296000050433
1. Corporation Name
B.R.A.V.E. Inc.

Principal Place of Business

Mailing Address

2. Principal Place of Business
21 1520 Jenks Ave.

2a. Mailing Address
26 1520 Jenks Ave.

Suite, Apt. #, etc.
22 Ste. D

Suite, Apt. #, etc.
27 Ste. D

City & State
23 Panama City, FL.

City & State
28 Panama City, FL

Zip Country
24 32405 25 USA

Zip Country
29 32405 30 USA

3. Date Incorporated or Qualified
July 28, 1995

3a. Date of Last Report
6

4. FEI Number
59-3326299

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

10. Name and Address of New Registered Agent

81 Name
Lawrence J. Spiegel, Amer. lawyer

82 Street Address (P.O. Box Number is Not Acceptable)
343 Almeria Ave.

83

84 City
Coral Gables

FL

85 Zip Code
33134

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 the filer) (Applicable)

(If filer is Registered Agent signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE DPST ☐ Change ☐ Addition
12 NAME Wayne H. Williams
13 STREET ADDRESS N/A - PO Box 540
14 CITY - ST - ZIP Lynn Haven, FL. 32444

21 TITLE V ☐ Change ☒ Addition
22 NAME Guy D. Garrett II
23 STREET ADDRESS 8138 Mallin Rd.
24 CITY - ST - ZIP Panama City FL. 32409

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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 unchanged, or on an attachment with an address.

SIGNATURE:

Guy D. Garrett II
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Guy D. Garrett II VP

7-30-96

904-785-1199

8/15/96

CR2E034 (3/96)