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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

P95000058433 (0)

DOCUMENT # 1. Corporation Name B.R.A.V.E., INC.

Principal Place of Business

1520 JENKS AVE STE D PANAMA CITY FL 32405 Marling Address

1520 JENKS AVE STE D PANAMA CITY FL 32405-4648

## FILED Apr 30 1997 8:00am Secretary of State



					3. Date Incorporated or Qualified 07/28/1995	3a. Date of Last Report 08/05/1996			
2. Principal Place of Busine 21 2802 Paradi	ss se Lakes Rd	28. Mailing Address 26 2802 Pa		Lakes	s Ro	4. FEI Number I <b>59-3326299</b>	<u> </u>	Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Cortificate of Status Desired S8.75 Additional Fee Regulred		Additional		
City & State 23 Chipley, F	City & State  28 Chipley, FL				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution				
Zip 24 32428 2	428 Country		Country 30 USA			8. This corporation has liability for intangible tax under s. 199.032, Florida Statules			
9, Name a	nd Address of Current F	29 32428 Registered Agent			~1	10. Name and Address of New Re			
THE LAW FIRM	OF LAWRENCE J SPIE	GEL CHRTD		81 Name	)				
343 ALMERIA AVENUE				82 Street Address (P.O. Box Number is Not Acceptable)					
CORAL GABLES FL 33134									
				В3					
				<b>84</b> City		**************************************	<b>85</b> Zip	p Code	
11. Pursuant to the provision	ns of Sections 607 0502 a	nd 607 1508 Florida S	Statutos, the ab	DVC Damoc	d coroor	ation submits this statement for the p	FL   '		
Office or registered age	nt, or both, in the State of	Hörida, Such change	was authorized	by the cor	poration	ation stibritis tris statement for the p a's board of directors. I hereby accep	arpose of changing at the appointment a	is registered as registered	
<del>-</del>	, and accept the obligation	oris of, Section 607.050	J5, Florida Stati	ites.					
SIGNATURE	ponted name of regularest againt a	nd title if applicable	(NOTE Engistered	Agent signature	c required	when re pshired	DATE		
12. OFFICERS AND DIRECTORS				18.		ADDITIONS/CHANGES TO OFFIC		ORS IN 12	
TITLE PSTD		☐ DELET	E 11700	.E	Pre	sident	☐ Change		
	WAYNE H		1.2 NA!	AE					
STREET ADDRESS P.O. BOX	540 N/A		1.3 \$16	EFT ADDRESS	813	D. Garrett II 8 Marcia Rd.			
CITY-ST-ZIP LYNN HAV	EN FL 32444			r - \$1 - 71P	Pan	ama City FL 32	409		
TITLE <b>V</b>		<b>₹</b> DEU1	£ 2.1 1/11	.F			☐ Change	Addition	
NAME <b>GARRETT</b> ,			2.2 NA	Иξ					
STREET ADDRESS 8138 MAR		2.3 \$16	2.3 STREET ADDRESS						
CITY-ST-ZIP PANAMA (	XTY FL 32409			Y S1-7IP					
TITLE		DELET	E 3.1 TO L	ŧ			Change	Addition	
NAME			3.2 NAf	ΛE				!	
STREET ADDRESS			3.3 ST6	ELL ADDRESS					
CITY-ST-ZIP	<del></del>	· · · · · · · · · · · · · · · · · · ·		Y - \$1 - ZIP					
TITLE		☐ DELFT					☐ Change	Addition	
NAME			4. 2 NA						
STREET ADDRESS			4.3 STH	EET ADDRESS					
CITY-ST-ZIP				7-S1-7IP	<u> </u>				
TITLE		□ DELET					☐ Change	Addition	
NAME			5 2 NAM					,	
STREET ADDRESS				EF1 ADDRESS				ė	
CITY-ST-ZIP TITLE		DELETI		/-SI-ZIP	<del> </del>			- Laure	
		FT Deten					Change	Addition	
NAME SYDEEN ASSOCION			6.2 NAN						
STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP			6.4 CITY	/ - \$1 - Z(F)	1				

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 eath; that I am an officer or director of the conjunction 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

Will the Town

4-75-17

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