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

DOCUMENT # **P95000064020 (7)**

1. Corporation Name
BRIGGS, WEBER SECURITIES, INC.

Principal Place of Business
11330 BLOOMINGTON DR.
TAMPA FL 33635-1524

Mailing Address
11330 BLOOMINGTON DR.
TAMPA FL 33635-1524

3. Date Incorporated or Qualified: 08/15/1995
3a. Date of Last Report:

4. FEI Number: 59-3329889 — Applied For / Not Applicable

2. Principal Place of Business
21 100 W. KENNEDY BLVD
Suite, Apt #, etc. 22 SUITE 600
City & State 23 TAMPA FL
Zip 24 33602 Country 25 US

2a. Mailing Address
26 100 W. KENNEDY BLVD.
Suite, Apt #, etc. 27 SUITE 600
City & State 28 TAMPA FL
Zip 29 33602 Country 30 US

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
WEBER, MICHAEL R
11330 BLOOMINGTON DR.
TAMPA FL 33635-1524

10. Name and Address of New Registered Agent
81 Name: MICHAEL R. WEBER
82 Street Address (P.O. Box Number is Not Acceptable): 100 W. KENNEDY BLVD.
83 SUITE 600
84 City: TAMPA FL 85 Zip Code: 33602

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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D ☐ DELETE
NAME	WEBER, MICHAEL R
STREET ADDRESS	14535 BRUCE B. DOWNS BLVD., #2221
CITY-ST-ZIP	TAMPA FL 33613
TITLE	D ☐ DELETE
NAME	BRIGGS, LAURENCE D
STREET ADDRESS	11330 BLOOMINGTON DR.
CITY-ST-ZIP	TAMPA FL 33635-1524
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: M R Weber — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 8/7/96 — Daytime Phone #: (813) 307-0303

CR2E034 (3/96)