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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000066372 (0)

BRIAN DANIEL DEVELOPERS, INC.

FILED Jan 15 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							U I DETINORA ASOCIONO DELLA CONTRE CO	
858 VALLEY RIDGE DRIVE 858 VALLEY RIDGE DRIVE								
PENSACOLA FL 32514 PENSACOLA FL 32514					, L			
US				7				DO NOT WRITE IN THIS SPACE
								3. Date Incorporated or Qualified 08/25/1995
2. Principal Pla	ace of Busir	2a. Ma	2a. Mailing Address				4. FEI Number Applied For	
21		26	26				59-3347276 Not Applicable	
Suite, Apt. #	#, etc.		Suite, Apt. #, etc.				- \$8.75 Additional	
22		27	27				5. Certificate of Status Desired Fee Required	
City & State				City & State				6. Election Campaign Financing \$5.00 May Be
23			28	28				Trust Fund Contribution Added to Fees
Zip	Country Zip			Country			8. This corporation owes or has paid the current year Intangible	
24		25	29		30	-		Personal Property Tax due June 30. Yes No
,	9. Name	and Address of Curre	nt Registere	d Agent		T		10. Name and Address of New Registered Agent
RFF	VES. JOS	FPH A	_			81	Name	
	VALLEY F							
	ISACOLA I					Street A	Address (P.O. Box Number is Not Acceptable)	
I LIV	IOAOOLA I	C 02014				83		
						84	City	■■ 85 Zip Code
							•	FL i '
11. Pursuant to	o the provis	ions of Sections 607.05	02 and 607.1	508, Florida Statu	ites, the a	bove	e-named of	corporation submits this statement for the purpose of changing its registered
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 title if applicable. (NOTE, Registered						d Age	nt signature r	required when reinstaling) DATE
12.		OFFICERS AI	ND DIRECTOR		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D			☐ DELETE	1.1 TITLE		ļ	Change L. Addition
NAME	REEVES, JOSEPH A				1.2 N/		[
STREET ADDRESS				1.3 \$		TREET	address	
CITY-ST-ZIP	PENSACOLA FL 32514					ITY-SI	r-ziP	
TITLE				DELETE	DELETE 2.1 TAIL			☐ Change ☐ Addition
NAME					2.2 NAN			
STREET ADDRESS	T ADDRESS			2.3 \$		2.3 STREET ADDRESS		
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NAME					3.2 N	AME		
STREET ADDRESS					3.3 S	TREET	ADDRESS	
CITY-ST-ZIP						ITY-S		
TITLE				DELETE	4.1 Ti		. 201	Change Addition
NAME					4.21			
STREET ADDRESS						-	ADDRESS	
1								
CITY-ST-ZĪP			•	DELETE	4.4 U	TY-ST	- ZIP	Change Addition
NAME					5.1 N			5g5 7.000011
					1			
STREET ADDRESS							ADDRESS	
CITY-ST-ZIP) Delete		ITY-\$1	r-ZIP	Thomas addition
TITLE				☐ DELETE	6.1 TI			L Change L Addition
NAME					6.2 N			
STREET ADDRESS					6.3 S	REET A	ADDRESS	
CITY-ST-ZIP						TY-\$1		
14. I hereby co	ertify that the	e information supplied i	with this filing	does not qualify to	for the exi	empt d the	ion stated	d in Section 119.07(3)(i), Florida Statutes. I further certify that the information

owered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in