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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 20, 1999 8:00 am Secretary of State 04-20-1999 90216 012 \*\*\*150.00

**■**ITE##

DOCUMENT # P9500081962  1. Corporation Name BRANTLEY AND ASSOCIATES, INC.								
Principal Place of Business Mailing Address						1 (00)100; tie 1010; outl outl obit 4010; ente 1010 inte 1010 outle 1010 inte		
6659 PROCTOR ROAD TALLAHASSEE FL 32308 US		6659 PROCTOR ROAD TALLAHASSEE FL 32308 US				•	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed  10/25/1995	
2. Principal Place of Business			2a. Mailing Address				4. FEI Number Applied For	
21			26				59-3340668 Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired 38.75 Additional	
<u> </u>			27				Fee Required	
City & State			City & State				6. Election Campaign Financing \$5.00 May Be	
3			7				Trust Fund Contribution Added to Fees	
Zip	Country			_	Country		8. This corporation owes the current year Intangible Personal Property Tax.  Yes No	
24		25   29   30     ame and Address of Current Registered Agent		30 _	ī		10. Name and Address of New Registered Agent	
	J. Maine and Address of Califolit	· reAls	ore en usant		81	Name		
BRANTLEY, BOBBY 6659 PROCTOR ROAD TALLAHASSEE FL 32308						Street Addre	ss (P.O. Box Number is Not Acceptable)	
					84		FL 85 Zip Code	
office or r	egistered agent, or both, in the State or m familiar with, and accept the obligation Signature, typed or printed name of registered agent	f Flori ons o	ida. Such change was f, Section 607.0505, a ff applicable. (NO	s authorized Florida Stat	d by utes	the corporation		
12.	OFFICERS AND	DIR		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PODDY PDANTESY			1.1 17			C. Curando C. Curando	
NAME	30001 0,7411.221		1.2 N			}		
STREET ADDRESS	659 PROCTOR ROAD			1.3 STREET ADDRESS				
CITY-ST-ZIP	ALLAHASSEE FL 32308				1.4 CITY-ST-ZIP 2.1 TITLE		☐ Change ☐ Addition	
TITLE	ST Patricia M. Brantley	· <del>-</del>		2.7 N		Ì	_ , _	
NAME	AARA BROOTOR BOAR	•				TADDRESS :	<b>\</b>	
STREET ADDRESS	TALLAHASSEE FL			1		ST-ZIP	•	
CITY-ST-ZIP TITLE	IALBAINOOLL I C		☐ DELETE	3.1 T			Change Addition	
NAME			_	3.2 N	AME			
STREET ADDRESS				3.3 \$	TREE	TADDRESS		
CITY-ST-ZIP				3.4.0	HTY-5	ST-ZIP		
TITLE			☐ DELETE	4.1 T	TLE		☐ Change ☐ Addition	
NAME	,			4.21	IAME	-	1	
STREET ADDRESS	•			4.3 S	TREE	T ADDRESS		
CITY-ST-ZIP	_			4.4 C	ny-s	T-ZIP		
TITLE			☐ DELETE	5.1 T			☐ Change ☐ Addition	
NAME				5.2 N	AME	}	j	
STREET ADDRESS				5.3 S	TREE	TADDRESS		
CITY-ST-ZIP_	<u> </u>					ST-ZIP		
TITLE			☐ DELETE			ĺ	☐ Change ☐ Addition	
NAME	parte et av			6.2 N		_ ^		
STREET ADDRESS				6.3 S	TREE	TADDRESS		

14. 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 if changed for on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

850-668-2023

Daytime Phone #