

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 21, 1999 8:00 am**  
**Secretary of State**

07-21-1999 90011 041 \*\*\*550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P95000084638

1. Corporation Name  
**MABRY BROTHERS, INC.**



Principal Place of Business Mailing Address  
~~406-1-DANLEY-DRIVE~~ ~~406-1-DANLEY-DRIVE~~  
~~FT MYERS FL-33907~~ ~~FT MYERS FL-33907~~

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified  
**11/01/1995**

4. FEI Number **65-0623138** 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 owes the current year Intangible Personal Property.  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 **5731 Halifax Drive** 26 **5731 Halifax Drive**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 **33912** 25 29 **33912** 30

9. Name and Address of Current Registered Agent

**MABRY, TIMMIE R**  
~~-367-FAIRVIEW-AVE-~~ **5731 Halifax Dr.**  
~~FT MYERS FL-33905~~ **33912**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE  DELETE

NAME **P MABRY, TIMMIE R**

STREET ADDRESS **19483 POPPYTREE COURT**

CITY-ST-ZIP **LEHIGH ACRES FL 33936**

TITLE  DELETE

NAME **VP MABRY, JIMMIE G**

STREET ADDRESS **2510 11TH STREET SW**

CITY-ST-ZIP **LEHIGH ACRES FL 33971**

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 **S/T MABRY, MICHAEL**

3.3 STREET ADDRESS **5731 HALIFAX DRIVE**

3.4 CITY-ST-ZIP **FORT MYERS FL 33912**

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 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, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE **7/14/99** DAYTIME PHONE # **941-482-1122**

CR2E034 (5/99)