

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 # P95000084690 (3)

1. Corporation Name

CONSTRUCTION CONSULTANTS OF BREVARD, INC.



Principal Place of Business

Mailing Address

**1782 BROOKSIDE STREET N.E.
PALM BAY FL 32907**

**1782 BROOKSIDE STREET N.E.
PALM BAY FL 32907**

3. Date Incorporated or Qualified

11/03/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

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. 199.03?
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

10. Name and Address of New Registered Agent

81 Name

NED KOSIN

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

4777 BLACKBERRY DR

83

84

MELBOURNE

FL

85 Zip Code

32904

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 the applicable

(NOTE: Registered Agent's signature required when reinstating)

(DATE)

6/17/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
 NAME **D KUSHMICK, DONNA**
 STREET ADDRESS **1782 BROOKSIDE STREET NORTHEAST**
 CITY-ST-ZIP **PALM BAY FL 32907**

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

P/O

☒ Change ☐ Addition

2.1 TITLE
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

**VIC - PRESIDENT
PETER KUSHMICK
1782 BROOKS.00 ST N.E.
PALM BAY, FL 32907**

☐ Change ☒ Addition

3.1 TITLE
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

**SECRETARY/TREASURER
KIMBERLY KUSHMICK
1782 BROOKS.00 ST N.E.
PALM BAY, FL 32907**

☐ Change ☒ Addition

4.1 TITLE
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 its receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER KUSHMICK 7/1/96 725-7044

CR2E034 (3/96)