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

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**PROFIT** CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9600007933 (0)

Country

9. Name and Address of Current Registered Agent

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HADDIX, HAROLD E 2002 GEIGEL AVE

ORLANDO FL 32806

CENTRAL FLORIDA BRICK, INC.

CENTRAL FLORIDA BRION, INC.			
Principal Place of Business Mailing Address			
2002 GEIGEL AVE ORLANDO FL 32806	2002 GEIGEL AVE ORLANDO FL 32806-7218		
		3. Date Incorporated or Qualified 01/22/1996	3a. Date of Last Report
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied F
21	26	59-3368726	Not Appli
Suile, Apt. #. etc	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Addition Fee Required
City & State	City & State	6 Flection Compaign Financino	\$5.00 Have B

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.

Country

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Name

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SIGNATURE	HAROLDEHADOX Should I Solding. Signature, typed or protest name of egistered agent and title II applicable (NOTI	E: Registered Agent signature requi	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
LILE	DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	P HAKOLDEHADDIX	1.2 NAME	
STREET ADDRESS	gooy GEIGEL AV.	1.3 STREET ADDRESS	
CHY-ST-ZiF	P HAKOLDEHADDIX 2007 GEIGEL AV. OKLENDO FL. 32806	1.4 CITY+ST-ZIP	
T-114	☐ DELETE	2.1 TITLE	Change Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADORESS	
Chiy - ST - Zi-		2. 4 CITY - ST - ZIP	
Titl:E	DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS.		3.3 STREET ADDRESS	
C-I't - S1 - ZiP		3.4. CITY-ST-ZIP	
THLE	DELETE	4.1 TITLE	Change Addition
NAME	•	4. 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
City-St-ZIP		4.4 CITY - ST - ZIP	
TIILE	☐ DELETE	5.1 TITLE	Change Addition
NAME		5.2 NAME	
STEEL LADDRESS		5.3 STREET ADDRESS	·
City-St-ZIP		5.4 CITY - ST - ZiP	
TITLE	☐ DELETE	6.1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CHY-S1-7IP		6.4 DiTY-ST-ZIP	

14. I do 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 Brock 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** 

**FILED** 

Mar 06 1997 8:00am

Secretary of State

Trust Fund Contribution

Florida Statutes

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

8. This corporation has liability for intangible tax under s. 199.032,

10. Name and Address of New Registered Agent

Yes No

Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be

Added to Fees

Zip Code