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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000043958

Corporation Name

BRANDENBURG & SAXONY, INC.

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90093 006 ***150.00



Mailing Address Principal Place of Büsiness 5018 OAK LANE 5018 OAK LANE HAINES CITY FL 33844 HAINES CITY FL 33844 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed-05/16/1996 Applied For 2a. Mailing Address 4. FEI Number 2. Principal Place of Business 10429 BIGTREE GOURT 10429 BIGTREE GOLT NOT APPLICABLE Not Applicable \$8.75 Additional Suite, Apt. #, etc. 5. Certifcate of Status Desired DELANDO Fee Required OKLANDO City & State City & State \$5.00 May Be 6. Election Campaign Financing 32836 Trust Fund Contribution Added to Fees DRLANDO 28 Country 8. This corporation owes the current year Intangible Country ORANGE \square No 30 Personal Property Tax. 25 OKANGE 29 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name HIGHAM, RAYMOND E JR. Street Address (P.O. Box Number is Not Acceptable) 82 5018 OAK LANE HAINES CITY FL 33844 83 City 84 11. Pursuant to the previsions 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. CEO HIGHAM, RAYMOND E. JR 10429 BIETREE COURT ☐ Addition **Change** DELETÉ 1.1 TITLE TITLE HIGHAM, RAYMOND E JR. 1.2 NAME NAME 5018 OAK LANE STREET ADDRESS 1.3 STREET ADDRESS ORLANDO, PL 32836 HAINES CITY FL 33844 CITY-ST-ZIP 1.4 CITY-ST-ZIF ☐ DELETE Change ☐ Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition 4.1 TITLE TITLE 4, 2 NAME NAME 4.3 STREET ADDRESS STREET ADORESS 44 CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition □ DELETE 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change Addition DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS 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, with all pther like empowered.

RAYNOWN E. HIGHAM, Jr.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICEN OR DIRECTO

4/2/99 407-903-1782 Utate Daytime Phone # CR2E034 (11/98)