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Mailing Address

2315 BROOKSIDE WAY

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

appears in Block 12 or Block

SIGNATURE:

2315 BROOKSIDE WAY



FLORIDA DEPARTMENT OF STATE

FILED

Mar 21 1997 8:00am

Secretary of State

(96/6)

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000062426 (7)**

THE BRASELTON GROUP, INC.

INDIALANTIC FL 32903-3612 INDIALANTIC FL 32903 3. Date incorporated or Qualified 3a. Date of Last Report 07/24/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-3399297 21 26 Not Applicable Suite, Apt #Let: Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation has liability for intangible tax under s. 199.032. 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent RAYMOND, JOHN J JR 81 Name 2315 BROOKSIDE WAY 82 Street Address (P.O. Box Number is Not Acceptable) INDIALANTIC FL 32903 83 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 for bols, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam furnished with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE and of registers diagent and little diapplicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE THE E Change Addition 1.1 70TLE BRASELTON, WILLIAM M JR HAM 1.2 NAME 2315 BROOKSIDE WAY SMEEL ACRORESS 1.3 STREET ADORESS INDIALANTIC FL 32903 CUY SE 1.4 CITY-ST-ZIP DELETE THEF 21 TITLE Change Addition BANK 2.2 NAME State LADIDIES! 2.3 STREET ADDRESS OLY 55-76 2 4 CITY- ST-ZIP DELETE 10:E 3 1 TITLE Change Addition HAM! 3.2 NAME \$1.65 LACORESS 3.3 STREET ADDRESS 001) SL 7+ 34 CITY-ST-ZIP DELETE 116 4 1 TITLE Change Addition NAMi 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CHY ST 78 4.4 CHTY-ST-7IP DELETE Addition HHE 51 TITLE NAME 5.2 NAME STEAT FAILURESS **5 3 STREET ADDRESS** 5 4 CHY - ST- ZIP Offy-St Zi ☐ DELETE TITLE 61 TITLE ___ Addition NAME 6.2 NAME STEEL LALIGHEDS 6.3 STREET ADDRESS Off S1 200 64 CITY-ST-7IP 14. If do hereby certify that the inforgation supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes: I further certify that the information indicated on this and unit 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 Larman officer or director of the conforations of the conforation of the confora