FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
Jun 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**	FLORIDA DEPARTMENT OF STATE **Sandra B. Mortham** Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000088202 (2)

1. Corporation Name
BROMAX, INC.

Principal Place of Business
1344 LAKE JEFFERY ROAD
LAKE CITY FL 32055

Mailing Address
1344 LAKE JEFFERY ROAD
LAKE CITY FL 32055

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 ___
Suite, Apt. #, etc
22 ___
City & State
23 ___
24 Zip ___ 25 Country ___

2a. Mailing Address
26 ___
Suite, Apt. #, etc.
27 ___
City & State
28 ___
29 Zip ___ 30 Country ___

3. Date Incorporated or Qualified
10/25/1996

4. FEI Number
59-3409849
☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. **Name and Address of Current Registered Agent**
OLIVER, ALBERT L JR
1344 LAKE JEFFERY ROAD
LAKE CITY FL 32055

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

12. OFFICERS AND DIRECTORS | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.			13.		
TITLE	VD	☐ DELETE	1.1 TITLE	Director	☐ Change ☑ Addition
NAME	ELLIS, FRANK		1.2 NAME	Austin Johnson	
STREET ADDRESS	ROUTE 10 BOX 435		1.3 STREET ADDRESS	P.O. Box 2773 [redacted]	
CITY-ST-ZIP	LAKE CITY FL 32025		1.4 CITY-ST-ZIP	Lake City, Fl 32056	
TITLE	PD	☐ DELETE	2.1 TITLE	Director	☐ Change ☑ Addition
NAME	WEATHERSPOON, ROBERT L		2.2 NAME	Allen Moore	
STREET ADDRESS	ROUTE 10 BOX 448		2.3 STREET ADDRESS	8611 Graybar Dr	
CITY-ST-ZIP	LAKE CITY FL 32025		2.4 CITY-ST-ZIP	Jacksonville, FL 32221	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MCDANIEL, WILLIE		3.2 NAME		
STREET ADDRESS	1402 BROOKHILL DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL 33916		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CUMMINGS, EDDIE		4.2 NAME		
STREET ADDRESS	3415 S.E. 17TH AVENUE		4.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32641		4.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MAHIN, DANIEL M		5.2 NAME		
STREET ADDRESS	4430 S.E. 14TH TERRACE		5.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32641		5.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	OLIVER, ALBERT L JR		6.2 NAME	500002556804-5	
STREET ADDRESS	1344 LAKE JEFFERY ROAD		6.3 STREET ADDRESS	***150.00	
CITY-ST-ZIP	LAKE CITY FL 32055		6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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.

Robert L. Weatherspoon (President) 6/9/98 (904) 754-9003
Robert L. Weatherspoon