

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90150 011 \*\*\*150.00

**DOCUMENT # P96000097267**

1. Corporation Name

**BRANNAN CONSTRUCTION, INC.**



Principal Place of Business

2447 N KINGS RD  
P.O. BOX 129  
HILLIARD FL 32046  
US

Mailing Address

P.O. BOX 129  
P.O. BOX 129  
HILLIARD FL 32046  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/25/1996

4. FEI Number

59-3403499

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 the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

BRANNAN, LARRY THOMAS  
126 SOUTH KINGS ROAD  
P.O. BOX 129  
HILLIARD FL 32046

10. Name and Address of New Registered Agent

81 Name

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

2447 North Kings Rd.

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

*Larry Thomas Brannan* *Larry Thomas Brannan*

2-25-99

DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

T ☐ DELETE  
NAME MCCOOK, LISA GAIL  
STREET ADDRESS RT 4 BOX 8022  
CITY-ST-ZIP HILLIARD FL 32046

V ☐ DELETE  
NAME BRANNAN, KENNY LEE  
STREET ADDRESS RT. 4, BOX 8035  
CITY-ST-ZIP HILLIARD FL

T ☒ DELETE  
NAME BRANNAN, LISA GAIL  
STREET ADDRESS RT 4 BOX 8022, P.O. BOX 912  
CITY-ST-ZIP HILLIARD FL

☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☐ Change ☒ Addition  
1.2 NAME Larry Thomas Brannan  
1.3 STREET ADDRESS Rt. 3, Box 1382, Lot 18  
1.4 CITY-ST-ZIP Folkston, GA 31537

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

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

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

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

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 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 other like empowered.

SIGNATURE:

*Lisa G. McCook* *Lisa G. McCook*

2-25-99

Date

904-845-3350

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/98)