

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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90015 047 ***158.75

PROFIT CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P97000052432

1. Corporation Name
BROOKMONT CORPORATION

Principal Place of Business
5515 118TH ST
JACKSONVILLE FL 32244

Mailing Address
5515 118TH ST
JACKSONVILLE FL 32244



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 12951 JULINGTON RIDGE DR E
Suite, Apt. #, etc.
22

2a. Mailing Address
26 12951 JULINGTON RIDGE DR E.
Suite, Apt. #, etc.
27

City & State
23 JACKSONVILLE FL
Zip Country
24 32258-3412 25 DUVAL

City & State
28 JACKSONVILLE FL
Zip Country
29 32258-3412 30 DUVAL

3. Date Incorporated or Qualified
06/13/1997

4. FEI Number
59-3499475

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

9. Name and Address of Current Registered Agent

DUPREL, MICHAEL A
5515 118TH ST
JACKSONVILLE FL 32244

10. Name and Address of New Registered Agent

81 Name
DUPREL, MICHAEL A. SR

82 Street Address (P.O. Box Number is Not Acceptable)
12951 JULINGTON RIDGE DR E

83

84 City
JACKSONVILLE FL

85 Zip Code
32258-3412

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]* M A DUPREL
DATE: 4/29/99

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	DUPREL, MICHAEL A SR	
STREET ADDRESS	12951 JULINGTON RIDGE DR E	
CITY-ST-ZIP	JACKSONVILLE FL 32258	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BENTON, JERRY S	
STREET ADDRESS	4967 WATER OAK LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* M A DUPREL
DATE: 4/29/99
Daytime Phone #: 904-262-5548

CR2E034 (11/98)