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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

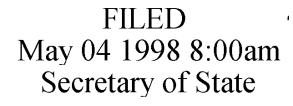
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700062164 (3)

BRICKYARD INVESTMENTS, INC.

Principal Place of Business Mailing Address 1556 BRICKYARD RD. 1556 BRICKYARD RD. CHIPLEY FL 32428 CHIPLEY FL 32428 2. Principal Place of Business 2a. Mailing Address





DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>07/17/19</u>97 4. FEI Numbe Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Źφ Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. ☐ Yes 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SMALLEY, JAMES E JR 1556 BRICKYARD RD. Street Address (P.O. Box Number is Not Acceptable) CHIPLEY FL 32428 83 84 City 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, typod or printed has in of tegistered agent and title if applicabile (NOT). Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Addition TITLE 1.1 TITLE Change SMALLEY, JAMES E JR. NAME 1.2 NAME CR2E034 1556 BRICKYARD RD. STREET ADDRESS 1.3 STREET ADDRESS **CHIPLEY FL 32428** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE 21 TITLE Change Addition TITLE PİPPIN, PHILIP D NAME 2 2 NAME STREET ADDRESS 1556 BRICKYARD RD. 2.3 STREET ADDRESS CHIPLEY FL 32428 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Addition TITLE 31 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DEI ETE Addition TITLE 4.1 TITLE Change NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 C(1Y - ST - ZIP DELETE Change Addition 5.1 TOUR TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition 61 TITLE TITLE NAME 6.2 NAME 63 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 C/TY-ST-ZIP

14. Thereby certify that the information 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 annual report or supplicmental 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 appoint with an address.