## 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

## DOCUMENT # P97000070143

1. Corporation Name

## FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90213 019 \*\*\*150.00

BRANFUHU PLAZA, INC.								
Principal Place	Mailing Address	Address			F 3021/001 YIN 121() 1201/ 301/ 301/ 301/ 301/ 301/ 1201/ 301/ 1201/ 1201/			
POST OFFICE BOX 821  BRANFORD FL 32008  POST OFFICE BOX 821  BRANFORD FL 32008						DO NOT INDITE IN THIS SPACE		
						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
Principal Place of Business     2a. Mailing Address						08/12/1997 4. FEI Number Applied For		
	ace or ousiness	26				59-3469413 Not Applicable		
Suite, Apt.	# etc	Suite, Apt. #, etc.				\$8.75 Additional		
22	., 0.00	27				5. Certificate of Status Desired Fee Required		
City & State	9	City & State						
23		28				Trust Fund Contribution LJ Added to Fees		
Zip	Country	Zip	Zip Country			8. This corporation owes the current year Intangible		
24	25	29	30			Personal Property Tax. Yes No		
	9. Name and Address of Curre	nt Registered Agent		941		10. Name and Address of New Registered Agent		
ODIA	METT IOELE ID			81	Name			
GRIMMETT, JOEL F JR. 109 S.W. HIGHWAY U.S. 127				82	Street Ad	ddress (P.O. Box Number is Not Acceptable)		
	NFORD FL 32008			83				
, PUVI	NI OND I E 32000			03				
, 				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 ag	gent and title if applicable. (NOT	E: Registered	Agen	t signature requ	quired when reinstating) DATE		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TI	ΊLΕ		. Change Addition		
NAME	GRIMMETT, JOEL F JR.		1.2 NA	ME				
STREET ADDRESS	21838 47 DRIVE		1.3 ST	REET	ADDRESS			
CITY-ST-ZIP	LAKE CITY FL 32024		1.4 CI		r-ZIP	Change Addition		
TITLE	D ·	☐ DELETE	2.1 TI			☐ Change ☐ Addition		
NAME .	GRIMMETT, AMANDA M			ME	1			
STREET ADDRESS	21838 47 DRIVE				ADDRESS			
CITY-ST-ZIP	LAKE CITY FL 32024	□ DELETE	2. 4 CITY 3.1 TITLE		T-ZIP	Change Addition		
TITLE	,	<u></u>						
NAME			3.2 N/		ADDRESS			
STREET ADORESS				T-ZIP				
CITY-ST-ZIP TITLE	DELETE 4.1T			,- <u>LIF</u>	☐ Change ☐ Addition			
NAME			4. 2 N		Ì			
STREET ADDRESS			4		ADDRESS			
CITY-ST-ZIP			4.4 CI					
TITLE	<u> </u>	☐ DELETE	5.1 TI			☐ Change ☐ Addition		
NAME	•		5.2 N	ME				
STREET ADDRESS			5.3 ST	REET	ADDRESS	;		
CITY-ST-ZIP			5.4 CI		T-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change ☐ Addition		
NAME			6.2 N/	AME				
STREET ADDRESS			6.3 ST	REET	ADDRESS			
CITY-ST-ZIP			6.4 CI	TY-S	T-ZIP			

14. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report on 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/empcareed to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, of on an attachment with an address, with all other like empowered.

**SIGNATURE:**