

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

FILED

Jan 26, 1999 8:00am  
Secretary of State

01-26-1999 90056 005 \*\*\*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P97000083287

1. Corporation Name

BRANNON INCORPORATED

Principal Place of Business

145 EAST BROAD STREET  
P.O. BOX 447  
GROVELAND FL 34736

Mailing Address

145 EAST BROAD STREET  
P.O. BOX 447  
GROVELAND FL 34736

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/24/1997

4. FEI Number

59-3475005

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WYNN, W. SCOTT  
145 EAST BROAD STREET  
GROVELAND FL 34736

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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME RICHTER, JIMMIE D  
STREET ADDRESS 7145 KEEL COURT  
CITY-ST-ZIP ORLANDO FL 32835

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

Change ☐ Addition ☐

TITLE VD  
NAME BRANNON, LINWOOD  
STREET ADDRESS 10209 SPRING LAKE DR  
CITY-ST-ZIP CLERMONT FL 34711

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

Change ☐ Addition ☐

TITLE TD  
NAME RICHTER, JIMMIE D JR  
STREET ADDRESS 230 RING ROAD  
CITY-ST-ZIP ORLANDO FL 32811

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

Change ☐ Addition ☐

TITLE SD  
NAME BRANNON, BARBARA  
STREET ADDRESS 10209 SPRING LAKE DR  
CITY-ST-ZIP CLERMONT FL 34711

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

Change ☐ Addition ☐

TITLE PD  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

Change ☐ Addition ☐

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change ☐ Addition ☐

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 the empowered.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-99

Daytime Phone #

CR2E034 (11/98)