

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 # P98000027796

1. Corporation Name
SUE A. BRAY, INC.

Principal Place of Business
**6485 GREENWOOD AVE.
COCOA FL 32927**

Mailing Address
**6485 GREENWOOD AVE.
COCOA FL 32927**

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90116 004 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/24/1998

4. FEI Number

59-3500955

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 6203 Janina Road

Suite, Apt. #, etc.

22

City & State

23 Cocoa, Fl.

Zip

24 32927

Country

25 USA

2a. Mailing Address

26 6203 Janina Road

Suite, Apt. #, etc.

27

City & State

28 Cocoa, Fl.

Zip

29 32927

Country

30 USA

9. Name and Address of Current Registered Agent

**BRAY, SUE A
6485 GREENWOOD AVE.
COCOA FL 32927**

10. Name and Address of New Registered Agent

81 Name

Bray, Sue A.

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

6203 Janina Road

83

84 City

Cocoa

FL

85 Zip Code

32927

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

Sue Bray

4/14/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**D
BRAY, SUE A
6485 GREENWOOD AVE.
COCOA FL 32927**

TITLE ☐ DELETE

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

**D
Bray, Sue A.
6203 Janina Road
Cocoa, Fl. 32927**

2.1 TITLE ☐ Change ☒ Addition

**D
Bray, Jack O.
6203 Janina Road
Cocoa, Fl. 32927**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

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 like empowered.

SIGNATURE: **Sue A Bray**

4/14/99

407-632-4493

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)