

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

0174135

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 SEP 27 PM 3:46

DOCUMENT # P98000040941

1. Corporation Name  
BRASWELL'S FINEST KIND, INC.



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	05/04/1998
4. FEI Number	65-0830597
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Principal Place of Business	Mailing Address
675-26TH STREET MARATHON FL 33050	675-26TH STREET MARATHON FL 33050
2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 P.O. Box 500313
22 City & State	27 City & State
23 Zip	28 Marathon, FL
Country	29 Zip
25	30 33050

9. Name and Address of Current Registered Agent

FRIGOLA, ALFRED K ESQ.  
5701 OVERSEAS HIGHWAY  
SUITE 12  
MARATHON FL 33050

10. Name and Address of New Registered Agent

81 Name	Donald Braswell
82 Street Address (P.O. Box Number is Not Acceptable)	675 26th Street
83	
84 City	Marathon
85 Zip Code	FL 33050

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 Donald R. Braswell DATE 9/10/99  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRASWELL, DONALD R	1.2 NAME	200003006182--2
STREET ADDRESS	675-26TH STREET	1.3 STREET ADDRESS	-10/05/99--01091--005
CITY-ST-ZIP	MARATHON FL 33050	1.4 CITY-ST-ZIP	*****550.00 *****550.00
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	200003006182--2
STREET ADDRESS		2.3 STREET ADDRESS	-10/05/99--01091--006
CITY-ST-ZIP		2.4 CITY-ST-ZIP	*****8.75 *****8.75
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/99 305 743 6625  
Daytime Phone #

CR2E034 (11/98)