FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

5-1-95 B-6556 C

APPROVED AND FILED

95 MAY -1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S45835 (3)

1. Corporation Name

THE BRACKEN GROUP, INC.

Principal Place of Business	Mailing Address
1111 N WESTSHORE BLVD SUITE 515 TAMPA FL 33607 US	1111 N WESTSHORE BLVD SUITE 515 TAMPA FL 33607 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/17/1991

3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21)

2a. Mailing Address (26)

Suite, Apt. #, etc. (22)

Suite, Apt. #, etc. (27)

City & State (23)

City & State (28)

Zip (24) County (25)

Zip (29) County (30)

4. FEI Number: NOT APPLICABLE ☐ 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 has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BRACKEN, WILLIAM R JR
1111 N WESTSHORE BLVD
SUITE 515
TAMPA FL 33607

10. Name and Address of New Registered Agent

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 _____ DATE

(Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	11 TITLE	☐ Change ☐ Addition
NAME	CONNOLLY, LARKIN P.	12 NAME	
STREET ADDRESS	602 TOMAHAWK TRAIL	13 STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL	14 CITY ST ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	HITTNER, STEVEN B.	22 NAME	
STREET ADDRESS	1905 S A1A, #325	23 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE BCH FL	24 CITY ST ZIP	
TITLE	CD	31 TITLE	XX Change ☐ Addition
NAME	BRACKEN, JR W	32 NAME	
STREET ADDRESS	4747 W WATERS, #308	33 STREET ADDRESS	4949 MARBRISA DR #901
CITY-ST-ZIP	TAMPA FL	34 CITY ST ZIP	TAMPA FL
TITLE	PD	41 TITLE	☐ Change ☐ Addition
NAME	TURNER, BEVERLY M	42 NAME	
STREET ADDRESS	14130 ROSEMARY LN, #2203	43 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: William R Bracken Jr. 4/28/95 (813)286-8699

SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER OR DIRECTOR — Date — Telephone #

J. WILLIAM R. BRACKEN, JR.

0292769 CP