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

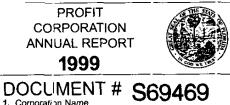
Mailing Address

**PROFIT CORPORATION** ANNUAL REPORT

1999

1. Corporation Name CBRB, INC.

Principal Place of Business



FLORIDA DEPAFITMENT OF STATE

## Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

## FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90174 037 \*\*\*150.00

-			

1811 MYRICK ROAD TALLAHASSEE FL 32303		1811 MYRICK ROAD TALLAHASSEE FL 32303					
					DO NOT WRITE IN THI	S SPACE	
					3. Date Incorporated or Qualifed 07/31/1991		
2. Principal PI	ace of Business	2a. Mailing Address		4. FEI Number		Applied For	
21		26 P.O. BOX 3925			NOT APPLICABLE		Not Applicable
Suite, Art.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	Acditional		
22		27			5. Certificate of Status Desired	Fee f	Required
City & State	е	City & State		6. Election Campaign Financing	\$5.0	0 N∘ayBe	
23		28 ALLAHASSEE			Trust Fund Contribution	Added	to Fees
Zip	Coun ry	Zip	Count		8. This corporation owes the current year I		
24	25	29 32315-3925 30	الا	FON	Personal Property Tax.	Yes	ØNo_
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Registere	1 Agent	
<b>5.</b>	140151 5		8	1 Name			
	, MICHEAL P.		8	2 Street A	ddress (P.O. Box Number is Not Acceptable)		
	THOMASWOOD DRIVE		L				
TALL	AHASSEE FL 32312		8	3			]
l			8	4 City		85 Zij	Code
					F	<b>L</b>     '	
11. Pursuant	the provisions of S∈ctions 607.050	2 and 607.1508, Florida Statutes,	the abo	ve-named c	crporation submits this statement for the purpose action's board of cirectors. I hereby accept the app	of changing i	ts registered
office crire	egistered agent, or bo h, in the State m familiar with, and accept the obliga	or Hedda. Such change was auth trops of Section 607.0505. Florida	orized a Statute	es.	ation's sould of thectors, Thereby accept the app		
SIGNATURE	3 TOC 11		<u> </u>			7-7	<del>/</del>
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOT E: Re	gistered A	ent signature rec	ured when reinstating) DATE		
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	PTD	DELETE	1.1 TITLE	i		Change	e L Addition
NAME	FUTCH, C. N.	i	1.2 NAM	E			Ì
STREET ADDRESS	685 FOREST LAIR		13 STRE	ETADDRESS			
CITY-ST-ZIP	TALLAHASSEE FI.		14 CITY				
TITLE	VSD	☐ DELETE	2.1 TITLE	:		Chang	e Addition
NAME	FUTCH, RICKY N.	i	22 NAM	E			1
STREET ADDRESS	1811 MYRICK DRIVE		2.3 STRI	ET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL		2. 4 CITY	-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLI	.		Change	e 🔲 Addition
NAME			3.2 NAM	E			
STREET ADDRLSS			3.3 STRI	ET ADDRESS			
CITY-ST-ZIP			3.4. CITY	-ST-ZIP			
TITLE		☐ DELETE	4.1 TITU			Chang	e 🔲 Addition
NAME			4, 2 NAN	E			l
STREET ADDR::SS			4.3 STR	ET ADDRESS			l
CITY-ST-ZIP			4 4 CITY	ST-ZIP			
TITLE		☐ DELETE	5.1 TITU			☐ Chang	e Addition
NAME			5.2 NAM	E j			
STREET ADDR :SS			5.3 STR	ET ADDRESS			
CITY-ST-ZIP			5.4 CITY	ST-ZIP			

14. There by certify that the information supplied with this filing does not qualify or the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report of 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 precion 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, of on an attachment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6 4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

Change

Addition

CR2E034 (11/98)