SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998

DOCUMENT # V22757



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of Ctate
DIVISION OF CORPORATIONS

(0)

FILED Oct 06 1998 8:00am Secretary of State

1. Corporatio	on Name VZO/O/	(0)		
BRASS	BALLS, INC.			
5 ,,,,,,,	J. 225, 1115			A TRANS ESSANC CARGO SINGS GREAT ENGIN CORE ATRIX ASTA A CITIS TRANS CORT ATRIX
Principal Plac	e of Business	Mailing Address		
RT. 6 BOX 848 RT. 6 BOX 848				
LAKEPORT FL 34974 LAKEPORT FL 34974				
US		US		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
2. Principal Place of Business 28. Mailing Address				03/23/1992 4. FEI Number Applied For
		2a. Mailing Address		
		26 Suite, Apt. #, etc.		65-0334995 Not Applicable \$8.75 Additional
[22]		1 1		5. Certificate of Status Desired Fee Required
		City & State		6. Election Cempaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25		30	Personal Property Tax due June 30. Yes No
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Registered Agent
	rgan, fred R., II		81 Name	
1532 S.E. VILLAGE GREEN DRIVE			82 Street Addre	ess (P.O. Box Number is Not Acceptable)
SUITE L				
POR	RT ST. LUCIE FL 34952		83	
			84 City	85 Zip Code
				FL of Ep 300
TT. Pursuant	t to the provisions of sections 607.050; regis tere d agent, or both, in the State	2 and 607.1508, Florida Statute of Florida. Such change was a	s, the above-named corpor juthorized by the corporation	ration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered
agent. a	am familiar with, and accept the oblig	ations of, section 607.0505, Flo	rida Statutes.	, , , , ,
SIGNATURE	Signature, typod or printed name of registered age-	d and the Marchantle ZNZ	TE - Registered Agent signature requi	ired when reinslating) DATE
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE	Change Addition
NAME	MORGAN II, FRED R.	£ 1 2 2 2 2 1 2 2 2 1 2 2 2 1 2 2 2 2	1.2 NAME	E outlier [] rooms.
STREET ADDRESS	RT.6, BOX 848		13 STREET ADDRESS	
CITY-ST-Z/P	LAKEPORT FL 34974		1.4 CITY-ST-ZIP	
TITLE		DELETE	21 ΤΠιξ	Change Addilion
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE		DELF1E	3.1 TITLE	4.00002657 Change [] Addition -10/07/38-01060-017
NAME.			3.2 NAME.	**************************************
STREET ADDRESS			3.3 STREET ADDRESS	***\$50.00
CITY-ST-ZIP			3.4 CITY-ST-ZIP	****300,00
TITLE		DELETE	4.1 TITLE	☐ 9habge ☐ Addition
NAME			4.2 NAME	VI in/i
STREET ADDRESS			4.3 STREET ADDRESS	4/1/1//
CITY-ST-ZIP		·	4.4 CITY-ST-ZIP	<u> </u>
TITLE		L] DELETE	5.1 TITLE	✓ Light Change [] Addition
NAME			5.2 NAME	
STREET ADDRESS			5 3 STREET ADDRESS	
CITY-ST-ZIP		·· ····· —	5.4 CITY-ST-ZIP	
TITLE		L) DELETE	6.1 TITLE	L_I Change L_I Addition
NAVE			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP	Least the total influenciation appealing with	this filing does not qualify for th	6.4 CITY-ST-ZIP	ion 119 07/3Vi) Florida Statutes I further certify that the information

4. 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 without address.

SIGNATURE: AND MA

then No

MOMAD

9/24/42

72EUS (5/38)