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

APPROVED AND FILED

95 APR 17 PM 12:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V43300** **(5)**

1. Corporation Name
MBB BRIGHTON BAY, INC.

Principal Place of Business	Mailing Address
~~256 THIRD STREET~~ ~~NEPTUNE BEACH FL 32233~~	~~256 THIRD STREET~~ ~~NEPTUNE BEACH FL 32233~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/11/1992
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business 21: 3206 SAWGRASS VILLAGE CIRCLE
Suite, Apt. #, etc. 22:
City & State 23: PONTE VEDRA BEACH, FL
Zip 24: 32082 Country 25:

2a. Mailing Address 26: 3206 SAWGRASS VILLAGE CIRCLE
Suite, Apt. #, etc. 27:
City & State 28: PONTE VEDRA BEACH, FL
Zip 29: 32082 Country 30:

4. FEI Number: 59-3127746 ☐ 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 S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SIMON, BERT C. 1660 PRUDENTIAL DR. SUITE 203 JACKSONVILLE FL 32207	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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVPS	1.1 TITLE	☐ Change ☐ Addition
NAME	MCGARVEY, JAMES N.	1.2 NAME	
STREET ADDRESS	~~2453 S. 3RD ST.~~ OK	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE BCH. FL	1.4 CITY-ST-ZIP	
TITLE	DP	2.1 TITLE	☐ Change ☐ Addition
NAME	BINGEMANN, DAVID A.	2.2 NAME	
STREET ADDRESS	~~256 THIRD ST.~~	2.3 STREET ADDRESS	3206 SAWGRASS VILLAGE CIRCLE
CITY-ST-ZIP	~~NEPTUNE BEACH FL~~	2.4 CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	BOROWY, THOMAS D.	3.2 NAME	
STREET ADDRESS	4160 UNIVERSITY BLVD., S	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: _____ Pres. 4/13/95 904/273-1925
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
DAVID A. BINGEMANN

0019708 CP