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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # V51512 (4)

1. Corporation Name
SIX BROTHERS, INC.

Principal Place of Business	Mailing Address
600 E. EAU GALLIE BLVD. INDIAN HARBOUR BEACH, FL 32937	600 E EAU GALLIE BLVD. INDIAN HARBOUR BEACH, FL 32937

3. Date Incorporated or Qualified: 07-16-92
3a. Date of Last Report: 05-01-1996

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 59-3142179 ☐ 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

KELLER, RON
820 NORTH ATLANTIC AVE
A-302
COCOA BEACH FL 32931

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's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	JAMIESON, DAVID		12 NAME	200002247282--1
STREET ADDRESS	241 MANTH AVE		13 STREET ADDRESS	-07/24/97--01121--019
CITY-ST-ZIP	COCOA FL 32936		14 CITY-ST-ZIP	****165.00 ****165.00
TITLE	D	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	PRICE, JAMES		22 NAME	
STREET ADDRESS	820 N. ATLANTIC AVE A-302		23 STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH FL 32931		24 CITY-ST-ZIP	
TITLE	D	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	GANN, JOHN		32 NAME	
STREET ADDRESS	1423 COLLEGE AVE.		33 STREET ADDRESS	
CITY-ST-ZIP	COCOA, FL. 32936		34 CITY-ST-ZIP	
TITLE	D	☑ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	KELLER, SHYRL M.		42 NAME	
STREET ADDRESS	820 N. ATLANTIC AVE A-302		43 STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH FL 32931		44 CITY-ST-ZIP	
TITLE	T	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME	SELBY, GEORGE		52 NAME	
STREET ADDRESS	1155 N. COURTNEY B 237		53 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL 32952		54 CITY-ST-ZIP	
TITLE	D	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME	JEFFREYS, JOHN		62 NAME	
STREET ADDRESS	2598 VICTORIA DR. N.E.		63 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY, FL 32905		64 CITY-ST-ZIP	

$M 7/24

CR2E034 (9/96)

14. I do 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.

SIGNATURE: David Jamieson 7-15-97 407-779-9670
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #