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

PROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # V52602

BRANDON CONSTRUCTION SERVICES, INC.

Principal Place of Business Mailing Address 210 NORTHAMPTON CIRCLE P.O. BOX 284 FT. WALTON BEACH FL 32547 DESTIN FL 32540-0284 3. Date Incorporated or Qualified 3a. Date of Last Report 07/23/1992 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-3141830 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zio Country Z_{1D} Country 8. This corporation has liability for intangible tax under s. 199.032 24 25 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BRANDON, CHERYLYN 210 N. HAMPTON CIRCLE 82 Street Address (P.O. Box Number is Not Acceptable) FT. WALTON BEACH FL 33547 83 84 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 Signature, typed or printed name of registered agent and tise if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PRESIDENT TITLE DELETE. 1.1 1DLE Change ___ Addition NAME BRANDON, CHERYLYN 12 NAME 210 NORTHHAMPTON CIRCLE STREET ADDRESS 1.3 STREET ADDRESS FT. WALTON BEACH FL CITY-ST-ZIP 14 CHY-ST-ZIP TITLE DELETE 2111111 Change Addition Bównan, victor c- NAME 2.2 NAME 204 W RUSKIN PLACE STREET ADDRESS 2.3 STREET ADDRESS SEASIDE FL CITY-ST-ZIP 2 4 C(TY+S1+Z)E DELETE TITLE 3.1 Title Change Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4. C(1Y - S1 - Z() DELETE TITLE 4.1 11116 ☐ Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CHY - S1 - ZIP TITLE DELETE 5.1 11116 Change Addition NAME 5.2 NAM(STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE Change Addition G.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. I do hereby certify that the information supplied with this filing does not quality 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 logal 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 on an attachment with an address

6.4 CHY+\$1-7IP

CITY-ST-ZIP

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May 09 1997 8:00am

Secretary of State