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FILED  
Feb 24, 1999 8:00 am  
Secretary of State

02-24-1999 90001 001 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K57768**

1. Corporation Name

**PREMIER BRUSH, INC.**

Principal Place of Business

**2500 MINNESOTA AVENUE  
LYNN HAVEN FL 32444  
US**

Mailing Address

**P. O. BOX 15695  
\*\*\*\*\*  
PANAMA CITY FL 32406  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/09/1988**

4. FEI Number

**59-2924594**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

**ALBERT J. STOPKA, III E  
1007 JENKS AVE  
PANAMA CITY FL 32401**

10. Name and Address of New Registered Agent

81 Name

**Albert J. Stopka, III**

82 Street Address (P.O. Box Number is Not Acceptable)

**108 Mosley Drive**

83

84 City

**Lynn Haven,**

**FL**

85 Zip Code

**32444**

11. Pursuant to the provisions of Sections 607.0602 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

**Albert J. Stopka, III**

**1-5-99**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PTD  
STOPKA, ALBERT J., JR.  
STREET ADDRESS 2500 MINNESOTA AVENUE  
CITY-ST-ZIP LYNN HAVEN FL**

TITLE ☐ DELETE

NAME **V  
ALBERT J. STOPKA, III  
STREET ADDRESS 1007 JENKS AVE  
CITY-ST-ZIP PANAMA CITY FL 32401**

TITLE ☐ DELETE

NAME **V  
STOPKA, BRIAN J SR  
STREET ADDRESS 2500 MINNESOTA AVE  
CITY-ST-ZIP LYNN HAVEN FL 32444**

TITLE ☐ DELETE

NAME **SD  
STOPKA, NANCY M  
STREET ADDRESS 2500 MINNESOTA AVE  
CITY-ST-ZIP LYNN HAVEN FL 32444**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **V  
Albert J. Stopka, III  
2.3 STREET ADDRESS 108 Mosley Drive  
2.4 CITY-ST-ZIP Lynn Haven, FL 32444**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)