

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
Apr 15 1998 8:00am  
Secretary of State

DOCUMENT # P95000008826 (6)

1. Corporation Name  
**BROUGHTON, INC.**



Principal Place of Business

Mailing Address

100 SECOND STREET N  
ST. PETERSBURG FL 33701  
US

POB 3343  
100 SECOND STREET N. 33731  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/02/1995

4. FEI Number

65-0553751

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 3900 9TH STREET NORTH

2a. Mailing Address

26 PO BOX 3342

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 ST PETERSBURG FL

Zip

24 33703

Country

25 USA

City & State

28 ST PETERSBURG FL

Zip

29 33731-3342

Country

30 PINELLAS

9. Name and Address of Current Registered Agent

MOULDS, GAIL F  
% HARRIS BARRETT MANN & DEW  
SUITE 1500, 150 SECOND AVENUE NORTH  
ST. PETERSBURG FL 33701

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

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
BROUGHTON, JAMES E  
3900 9TH ST N  
ST. PETERSBURG FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
STD  
BROUGHTON, KAY T  
3900 9TH ST N  
ST. PETERSBURG FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
BROUGHTON, MARK D  
3900 9TH ST N  
ST. PETERSBURG FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
BROUGHTON, JAMES E JR  
3900 9TH ST N  
ST. PETERSBURG FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
DELUCIA, BROOKE A  
3900 9TH ST N  
ST. PETERSBURG FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
BROUGHTON, MATTHEW S  
3900 9TH ST N  
ST. PETERSBURG FL

☐ DELETE

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

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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

DELUCIA, BROOKE B.

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 in an attachment with an address.

SIGNATURE *[Signature]* H-8-98 813821 3373

CR2E034 (10/97)