

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90053 034 ***158.75

DOCUMENT # F97000000920

1. Corporation Name

BRANDYWINE ACQUISITION & DEVELOPMENT CORPORATION

Principal Place of Business

PO BOX 999
CHADDS FORD PA 19317

Mailing Address

PO BOX 999
CHADDS FORD PA 19317

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/20/1997

4. FEI Number

23-2472594

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 the current year Intangible
Personal Property Tax.



Yes



No

2. Principal Place of Business

21 2 Pond's Edge Drive

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Chadds Ford, PA

24 Zip 19317

25 Country USA

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

Joseph W. Gaynor, P.A.

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

2637 McCormick Drive

83 Suite B

84 City Clearwater

FL

85 Zip Code

33759

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

PRESIDENT

4/20/99

12. OFFICERS AND DIRECTORS

TITLE CEOP ☐ DELETE

NAME MOORE, BRUCE E

STREET ADDRESS 2 POND'S EDGE DRIVE

CITY-ST-ZIP CHADDS FORD PA 19317

TITLE VSD ☐ DELETE

NAME GIOVINCO, PHILLIP C

STREET ADDRESS 2 POND'S EDGE DRIVE

CITY-ST-ZIP CHADDS FORD PA 19317

TITLE V ☐ DELETE

NAME GAYNOR, JOSEPH W

STREET ADDRESS 2637 MCCORMICK DRIVE

CITY-ST-ZIP CLEARWATER FL 34619

TITLE V ☐ DELETE

NAME CHERRY, KEITH

STREET ADDRESS 397 WEKIVA SPRINGS ROAD

CITY-ST-ZIP LONGWOOD FL 32779

TITLE CFOV ☐ DELETE

NAME DOYLE, DENISE M

STREET ADDRESS 2 POND'S EDGE DRIVE

CITY-ST-ZIP CHADDS FORD PA 19317

TITLE AS ☐ DELETE

NAME PRICE, ELAINE

STREET ADDRESS 2 POND'S EDGE DRIVE

CITY-ST-ZIP CHADDS FORD PA 19317

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

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, with all other like empowered.

SIGNATURE:

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

APR 14 1999

(610) 388-9600

CR2E034 (11/98)