

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

FILED

May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 371978 (8)

1. Corporation Name
BREWSTER SERVICE, INC.



Principal Place of Business
1455 GULF TO BAY BLVD
CLEARWATER FL 34615
US

Mailing Address
1455 GULF TO BAY BLVD
CLEARWATER FL 34615-5318
US

3. Date Incorporated or Qualified 10/29/1970
3a. Date of Last Report 08/13/1996

4. FEI Number 59-1307659
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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LARSON, ROGER
2120 US HWY 196
CLEARWATER FL 34625

81 Name LARSON, ROGER
82 Street Address (P.O. Box Number is Not Acceptable) 911 CHESTNUT ST.
83
84 City CLEARWATER FL 85 Zip Code 34617

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	P <input checked="" type="checkbox"/> DELETE
NAME	WEBER, LOUIS C.
STREET ADDRESS	3487 KEENE PARK DRIVE
CITY-ST-ZIP	LARGO FL
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	WEBER, SYBIL B.
STREET ADDRESS	3487 KEENE PARK DRIVE
CITY-ST-ZIP	LARGO FL
TITLE	V <input type="checkbox"/> DELETE
NAME	WEBER, CLINTON R.
STREET ADDRESS	1361 FRIEND AVE.
CITY-ST-ZIP	CLEARWATER FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	WEBER, CLINTON R.
3.3 STREET ADDRESS	1361 FRIEND AVE.
3.4 CITY-ST-ZIP	CLEARWATER, FL. 34615
4.1 TITLE	S/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	WEBER, DEBRAH S.
4.3 STREET ADDRESS	1361 FRIEND AVE.
4.4 CITY-ST-ZIP	CLEARWATER, FL. 34615
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: 4-23-97 (813) 461-2974
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)