

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 17 1996 8:00am
Secretary of State

DOCUMENT # 388033 (3)

1. Corporation Name

BRADY PRODUCTS, INC.



Principal Place of Business

Mailing Address

P O BOX 5304
2151 LOGAN STREET
CLEARWATER FL 34625
US

P O BOX 5304
2151 LOGAN STREET
CLEARWATER FL 34618

3. Date Incorporated or Qualified

09/03/1971

3a. Date of Last Report

04/26/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-1376167

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRADY, SHEILA A.
2151 LOGAN STREET
CLEARWATER FL 34625

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 ☐ DELETE

NAME
MORGAN, MARIANNE A
STREET ADDRESS
655 APPOLOOSA RD
CITY-ST-ZIP
TARPOON SPGS, FL 00000

TITLE ☐ DELETE

NAME
BRADY, SHEILA A.
STREET ADDRESS
655 APPOLOOSA RD.
CITY-ST-ZIP
TARPOON SPRINGS FL

TITLE ☐ DELETE

NAME
DEMSKE, DAVID F.
STREET ADDRESS
998 CEDARWOOD DR.
CITY-ST-ZIP
DUNEDIN FL

TITLE ☒ DELETE

NAME
PIASECKI, JAMES
STREET ADDRESS
1950 SWAN LANE
CITY-ST-ZIP
PALM HARBOR FL

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
Morgan, Marianne (nmi)
1.3 STREET ADDRESS
655 Appaloosa Rd
1.4 CITY-ST-ZIP
Tarpon Springs, FL 34689

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
CPT
Brady, Sheila A.
2.3 STREET ADDRESS
655 Appaloosa Road
2.4 CITY-ST-ZIP
Tarpon Springs, 34689

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
V
Swango, Robert
4.3 STREET ADDRESS
160 Tangelo Drive
4.4 CITY-ST-ZIP
Palm Harbor, FL 34683

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/96

Date

813-443-4508

Daytime Phone #

CR2E034 (12/95)