

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

FILED
May 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 388033 (3)
1. Corporation Name
BRADY PRODUCTS, INC.

Principal Place of Business
**P O BOX 5304
2151 LOGAN STREET
CLEARWATER FL 34625
US**

Mailing Address
**P O BOX 5304
2151 LOGAN STREET
CLEARWATER FL 34618**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/03/1971

4. FEI Number
59-1376167

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 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

g. Name and Address of Current Registered Agent
**BRADY, SHEILA A.
2151 LOGAN STREET
CLEARWATER FL 34625**

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 is not applicable (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VSD	1.1 TITLE	VD
NAME	MORGAN, MARIANNE A	1.2 NAME	Sailor, Jim
STREET ADDRESS	655 APPALOOSA	1.3 STREET ADDRESS	470 3rd St. S. #906
CITY-ST-ZIP	TARPON SPGS, FL 00000	1.4 CITY-ST-ZIP	St. Petersburg, FL 33701
TITLE	CPT	2.1 TITLE	D
NAME	BRADY, SHEILA A.	2.2 NAME	Phillips, Norman J.
STREET ADDRESS	655 APPALOOSA RD	2.3 STREET ADDRESS	10234 115 Ave. N.
CITY-ST-ZIP	TARPON SPRINGS FL	2.4 CITY-ST-ZIP	Largo, FL 33773
TITLE	VD	3.1 TITLE	
NAME	DEMSKE, DAVID F.	3.2 NAME	
STREET ADDRESS	998 CEDARWOOD DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	
NAME	BORLAND, CAMILLE	4.2 NAME	
STREET ADDRESS	1629 WINDSOR PL	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE:

[Signature]

4/29/98

813 443-4588

CR2E034 (10/97)