

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

DOCUMENT # 638195

(8)

1. Corporation Name

BROMWELL & CARRIER, INC.



Principal Place of Business

5925 IMPERIAL PARKWAY
P.O. BOX 5467
LAKELAND FL 33860

Mailing Address

5925 IMPERIAL PARKWAY
P.O. BOX 5467
LAKELAND FL 33860

3. Date Incorporated or Qualified
10/01/1979

3a. Date of Last Report
03/31/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-1938287

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

C GEOFFREY VINING PA
230 S FLORIDA AVE
STE 501
LAKELAND FL 33801

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VT
NAME ERICSON, WAYNE A.
STREET ADDRESS 690 EAST CHURCH STREET
CITY-STATE-ZIP BARTOW FL

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE P
NAME POWERS, RICHARD M
STREET ADDRESS 6003 IRBY LANE WEST
CITY-STATE-ZIP LAKELAND, FL 00000

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

☐ Change ☒ Addition

TITLE C
NAME CARRIER, W DAVID III
STREET ADDRESS 78 WOODSIDE DRIVE
CITY-STATE-ZIP LAKELAND, FL 00000

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

☒ Change ☐ Addition

TITLE D
NAME GREGG F. BROWNE
STREET ADDRESS 801 S LAKESHORE DRIVE
CITY-STATE-ZIP LEESBURG FL

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

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:

Richard M. Powers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-96

941-646-0591

Date

Daytime Phone #

CR2E034 (12/95)



P.O. Box 5467
Lakeland, FL 33807-5467
USA

ENGINEERS • DESIGNERS • SCIENTISTS

(941) 646-8591
FAX: (941) 644-5920

CORPORATION ANNUAL REPORT 1996

BROMWELL & CARRIER, INC.

ADDITIONAL OFFICERS AND DIRECTORS

TITLE: D
NAME: BROMWELL, LESLIE G.
ADDRESS: 530 HILLSIDE DRIVE
CITY/STATE/ZIP: AUBURNDALE, FL 33823

TITLE: D
NAME: HARWELL, CHRISTOPHER C.
ADDRESS: 114 N. TENNESSEE, SUITE 201
CITY/STATE/ZIP: LAKELAND, FL 33801

TITLE: V/S
NAME: RUDDEN, PATRICIA R.
ADDRESS: 4406 SELKIRK LANE EAST
CITY/STATE/ZIP: LAKELAND, FL 33813