

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

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # F00084 (6)

1. Corporation Name

J.J. BRODERICK COMPANY, INC.



Principal Place of Business

**101 E. KENNEDY BLVD., SUITE 1000
P.O. BOX 1363
TAMPA FL 33601**

Mailing Address

**101 E. KENNEDY BLVD., SUITE 1000
P.O. BOX 1363
TAMPA FL 33601**

3. Date Incorporated or Qualified

09/23/1980

3a. Date of Last Report

01/30/1995

4. FEI Number

52-0803142

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

**GIBBONS, TUCKER, MILLER, WHATLEY & STEIN
101 E. KENNEDY BLVD., SUITE 1000
P.O. BOX 1363
TAMPA FL 33601**

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 of my 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 block if applicable

(NOTE: Registered Agent signature required when reinstating)

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

☐ DELETE

1.1 TITLE

☐ Change

☐ Addition

NAME

BRODERICK, J.J.

1.2 NAME

STREET ADDRESS

13901 LAKE BLUFF CT

1.3 STREET ADDRESS

CITY - ST - ZIP

TAMPA FL

1.4 CITY - ST - ZIP

TITLE

PVD

☐ DELETE

2.1 TITLE

☐ Change

☐ Addition

NAME

BRODERICK, F.E.

2.2 NAME

STREET ADDRESS

5507 WESTBARD AVE.

2.3 STREET ADDRESS

CITY - ST - ZIP

BETHESDA MD

2.4 CITY - ST - ZIP

TITLE

D

☐ DELETE

3.1 TITLE

☐ Change

☐ Addition

NAME

BUCHANAN, R.A.

3.2 NAME

STREET ADDRESS

10638 WEYMOUTH ST.

3.3 STREET ADDRESS

CITY - ST - ZIP

BETHESDA MD

3.4 CITY - ST - ZIP

TITLE

ST

☐ DELETE

4.1 TITLE

☐ Change

☐ Addition

NAME

BRODERICK, F. E.

4.2 NAME

STREET ADDRESS

5507 WESTBARD AVENUE

4.3 STREET ADDRESS

CITY - ST - ZIP

BETHESDA MD

4.4 CITY - ST - ZIP

TITLE

D

☐ DELETE

5.1 TITLE

☐ Change

☐ Addition

NAME

BRODERICK, M.T.

5.2 NAME

STREET ADDRESS

5308 AUGUSTA STREET

5.3 STREET ADDRESS

CITY - ST - ZIP

BETHESDA MD

5.4 CITY - ST - ZIP

TITLE

D

☐ DELETE

6.1 TITLE

☐ Change

☐ Addition

NAME

BRODERICK, P.L.

6.2 NAME

STREET ADDRESS

13634 DEERWATER DRIVE

6.3 STREET ADDRESS

CITY - ST - ZIP

GERMANTOWN MD

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

2/2/96 813/962-7156

CR2E034 (12/95)