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Feb 11 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 # 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 33601-1363

3. Date Incorporated or Qualified

09/23/1980

3a. Date of Last Report

02/12/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

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

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

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME BRODERICK, J.J.
STREET ADDRESS 13901 LAKE BLUFF CT
CITY-ST-ZIP TAMPA FL

TITLE PVD ☐ DELETE

NAME BRODERICK, F.E.
STREET ADDRESS 5507 WESTBARD AVE.
CITY-ST-ZIP BETHESDA MD

TITLE D ☐ DELETE

NAME BUCHANAN, R.A.
STREET ADDRESS 10638 WEYMOUTH ST.
CITY-ST-ZIP BETHESDA MD

TITLE ST ☐ DELETE

NAME BRODERICK, F. E.
STREET ADDRESS 5507 WESTBARD AVENUE
CITY-ST-ZIP BETHESDA MD

TITLE D ☐ DELETE

NAME BRODERICK, M.T.
STREET ADDRESS 5308 AUGUSTA STREET
CITY-ST-ZIP BETHESDA MD

TITLE D ☐ DELETE

NAME BRODERICK, P.L.
STREET ADDRESS 13634 DEERWATER DRIVE
CITY-ST-ZIP GERMANTOWN MD

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/97

813/62-7150

CR2E034 (9/96)