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FILED  
Feb 04 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F00084** (6)

1. Corporation Name

**J.J. BRODERICK COMPANY, INC.**  
**13901 LAKE BLUFF COURT**  
**TAMPA FL 33624**

Principal Place of Business

Mailing Address

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

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 <b>13901 LAKE BLUFF COURT</b>	26 <b>P O BOX 271083</b>
22 <b>TAMPA FL</b>	27 <b>TAMPA FLA</b>
23 <b>33624</b>	28 <b>33688</b>
24 <b>USA</b>	29 <b>USA</b>

3. Date Incorporated or Qualified

**09/23/1980**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No **NO TA:**

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**

10. Name and Address of New Registered Agent **DUE SEE ATT  
ACHED LETTER**

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME **D 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 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.

CR2E034 (10/97)