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

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90030 014 ***150.00

0398723

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F00084**

1. Corporation Name
J.J. BRODERICK COMPANY, INC.

Principal Place of Business	Mailing Address
13901 LAKE BLUFF CT TAMPA FL 33624 US	P O BOX 271083 TAMPA FL 33688 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 09/23/1980

2. Principal Place of Business	2a. Mailing Address
21 13901 Lake Bluff Ct.	26 P.O. Box 271083
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Tampa, Florida	City & State 28 Tampa, Florida
Zip / Country 24 33624 25 USA	Zip / Country 29 33688-1083 30 USA

4. FEI Number: 52-0803142 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 the current year Intangible Personal Property Tax. ☐ Yes ☒ No

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 as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title 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		

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: F. E. Broderick F. E. BRODERICK, President 1/4/99 813/962-7150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #