

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90162 033 ***158.75

DOCUMENT # F93000001980

1. Corporation Name

BRANDYWINE COMMERCIAL SERVICES CORPORATION

Principal Place of Business

Mailing Address

2 POND'S EDGE DRIVE
CHADDS FORD PA 19317

2 POND'S EDGE DRIVE
CHADDS FORD PA 19317

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/27/1993

4. FEI Number

23-2715285

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 the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 P.O. Box 999

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

19317

30

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

Joseph W. Gaynor, P.A.

82 Street Address (P.O. Box Number is Not Acceptable)

2637 McCormick Drive

83

Suite B

84 City

Clearwater

FL

85 Zip Code

33759

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

PRESIDENT

4/20/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, BRUCE E	1.2 NAME	
STREET ADDRESS	2 POND'S EDGE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHADDS FORD PA 19317	1.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKER-MOORE, DEBRA	2.2 NAME	
STREET ADDRESS	2 POND'S EDGE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHADDS FORD PA 19317	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOYLE, DENISE M	3.2 NAME	
STREET ADDRESS	2 POND'S EDGE DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHADDS FORD PA 19317	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, BRUCE E	4.2 NAME	
STREET ADDRESS	2 POND'S EDGE DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHADDS FORD PA 19317	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIOVINCO, PHILLIP	5.2 NAME	
STREET ADDRESS	2 POND'S EDGE DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	CHADDS FORD PA 19317	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAYNOR, JOSEPH W	6.2 NAME	
STREET ADDRESS	2 POND'S EDGE DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	CHADDS FORD PA 19317	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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bruce E. Moore

APR 14 1999

Date

(610) 388-9600

Daytime Phone #

CR2E034 (11/98)