


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

FILED
Feb 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000004113 (4)**

1. Corporation Name
E. J. BRENNEMAN, INC.

Principal Place of Business

**1117 SNYDER RD.
WEST LAWN PA 19609**

Mailing Address

**1117 SNYDER RD.
WEST LAWN PA 19609**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/08/1996

4. FEI Number

23-0430672

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fees 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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

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

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	P	<input type="checkbox"/> DELETE
NAME	SCHMIDT, ROGER J	
STREET ADDRESS	1117 SNYDER RD.	
CITY-ST-ZIP	WEST LAWN PA 19609	

TITLE	V	<input type="checkbox"/> DELETE
NAME	POLAK, MICHAEL L	
STREET ADDRESS	1117 SNYDER RD.	
CITY-ST-ZIP	WEST LAWN PA 19609	

TITLE	VS	<input type="checkbox"/> DELETE
NAME	ESSIG, RODNEY L	
STREET ADDRESS	1117 SNYDER RD.	
CITY-ST-ZIP	WEST LAWN PA	

TITLE	VT	<input type="checkbox"/> DELETE
NAME	YERGER, LAWRENCE R	
STREET ADDRESS	1117 SNYDER RD.	
CITY-ST-ZIP	WEST LAWN PA	

TITLE	AS	<input type="checkbox"/> DELETE
NAME	BRIGHT, STEVEN D. C/O	
STREET ADDRESS	1117 SNYDER RD	
CITY-ST-ZIP	WEST LAWN PA	

TITLE	V	<input type="checkbox"/> DELETE
NAME	DEMARTINO, JOHN C/O	
STREET ADDRESS	1117 SNYDER RD.	
CITY-ST-ZIP	WEST LAWN FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	VS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ESSIG, RODNEY L.
3.3 STREET ADDRESS	1117 SNYDER ROAD
3.4 CITY-ST-ZIP	WEST LAWN, PA 19609-1100

4.1 TITLE	VT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	YERGER, LAWRENCE R.
4.3 STREET ADDRESS	1117 SNYDER ROAD
4.4 CITY-ST-ZIP	WEST LAWN, PA 19609-1100

5.1 TITLE	AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	BRIGHT, STEVEN D.
5.3 STREET ADDRESS	1117 SNYDER ROAD
5.4 CITY-ST-ZIP	WEST LAWN, PA 19609-1100

6.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	DeMARTINO, JOHN M.
6.3 STREET ADDRESS	1117 SNYDER ROAD
6.4 CITY-ST-ZIP	WEST LAWN, PA 19609-1100

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.

SIGNATURE: *Roger Schmidt* **ROES**

CR2E034 (10/97)