

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 06, 1999 8:00 am  
Secretary of State

05-06-1999 90116 013 \*\*\*150.00

DOCUMENT # G74643

1. Corporation Name

BUDD MAYER COMPANIES OF FLORIDA, INC.

Principal Place of Business

3444 MEMORIAL HWY  
TAMPA FL 33607  
US

Mailing Address

% ROBERT. ERGER. B  
3444 MEMORIAL HWY  
TAMPA FL 33607  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/28/1983

4. FEI Number

59-2353050

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

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

ERGER, ROBERT B  
3444 MEMORIAL HWY  
TAMPA FL 33607

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 DST ☐ DELETE

NAME ERGER, ROBERT  
STREET ADDRESS 3444 MEMORIAL HWY  
CITY-ST-ZIP TAMPA FL

TITLE D ☒ DELETE

NAME MAYER, BUDD  
STREET ADDRESS 2930 BISCAYNE BLVD  
CITY-ST-ZIP MIAMI, FL 00000

TITLE DP ☒ DELETE

NAME FEILER, BARTON C  
STREET ADDRESS 2930 BISCAYNE BLVD  
CITY-ST-ZIP MIAMI, FL 00000

TITLE DV ☐ DELETE

NAME SUNDERLAND, C. M  
STREET ADDRESS 3444 MEMORIAL HWY  
CITY-ST-ZIP TAMPA FL

TITLE DV ☒ DELETE

NAME CHADWICK, JERROLD C  
STREET ADDRESS 610 LOMAX ST  
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 PRESIDENT DIRECTOR ☒ 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 DIRECTOR ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

CHARLES A. REID  
2100 RIVERCHASE CENTER  
BIRMINGHAM AL 35244

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

ROBERT B. ERGER

Date

4/30/99

Daytime Phone #

813) 282-6900

CR2E034 (11/98)

0387479