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**FILED**  
**Feb 26, 1999 8:00 am**  
**Secretary of State**

02-26-1999 90053 014 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # H47825**

1. Corporation Name  
**BRICKMAN III, INC.**

Principal Place of Business  
**8618 ORETO DR  
 PORT RICHEY FL 34668  
 US**

Mailing Address  
**8618 ORETO DR  
 PORT RICHEY FL 34668  
 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**03/18/1985**

4. FEI Number  
**59-2512522**

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  
 21 [ ] Suite, Apt. #, etc.  
 22 [ ] City & State  
 23 [ ] Zip  
 24 [ ] Country

2a. Mailing Address  
 26 [ ] Suite, Apt. #, etc.  
 27 [ ] City & State  
 28 [ ] Zip  
 29 [ ] Country

9. Name and Address of Current Registered Agent

**BRICKMAN, ROBERT  
 8618 ORETO DR  
 PORT RICHEY FL 34668**

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83 [ ]  
 84 City  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE [ ] DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**DP  
 BRICKMAN, ROBERT  
 3519 PKWY BLVD  
 LAND O LAKES FL**

TITLE [ ] DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**DST  
 BRICKMAN, MARGARET V.  
 3519 PARKWAY BLVD.  
 LAND O LAKES FL**

TITLE [ ] DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE [ ] DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE [ ] DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

**10651 Avenida Capri  
 Lutz, FL 33549**

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

**10651 Avenida Capri  
 Lutz, FL 33549**

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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: **1-31-99** DAYTIME PHONE #: **727-649-0048**

CR2E034 (11/98)