

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

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90161 021 \*\*\*158.75

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<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # H99548**

1. Corporation Name  
**BRITTANY LEIGH, INC.**

Principal Place of Business 35111 US HWY 19 N #205 PALM HARBOR FL 34684 US	Mailing Address 35111 US HWY 19 N 205 PALM HARBOR FL 34684 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <u>112 Homestead DR</u> Suite, Apt. #, etc.	2a. Mailing Address 26 <u>112 Homestead DR</u> Suite, Apt. #, etc.	3. Date Incorporated or Qualified <u>02/17/1986</u>	4. FEI Number <u>59-2658100</u>	Applied For Not Applicable
22	27	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
23 City & State <u>Palm Harbor Florida</u>	28 City & State <u>Palm Harbor Florida</u>	7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
24 Zip <u>34683</u>	25 Country <u>USA</u>	29 Zip <u>34683</u>	30 Country <u>USA</u>	

9. Name and Address of Current Registered Agent <b>SALMON, DAVID E.</b> 35111 US HWY 19 N #205 PALM HARBOR FL 34684	10. Name and Address of New Registered Agent 81 Name <u>EDWIN B. SALMON JR</u> 82 Street Address (P.O. Box Number is Not Acceptable) <u>112 Homestead DR</u> 83 84 City <u>Palm Harbor</u> FL 85 Zip Code <u>34683</u>
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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 607.0501, Florida Statutes.

SIGNATURE Edwin B. Salmon Jr 4-27-99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P-D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SALMON, DAVID E.	1.2 NAME	VERONICA TULLY
STREET ADDRESS	35111 US HWY 19 N #205	1.3 STREET ADDRESS	112 HOMERPORT DR.
CITY-ST-ZIP	PALM HARBOR FL 34684	1.4 CITY-ST-ZIP	PALM HARBOR, FL 34683
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	S-T-D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Edwin B. Salmon Jr
STREET ADDRESS		2.3 STREET ADDRESS	112 HOMERPORT DR
CITY-ST-ZIP		2.4 CITY-ST-ZIP	PALM HARBOR FL 34683
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Edwin B. Salmon Jr Edwin B. Salmon Jr 4-27-99 727-772-0231  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)