SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $228 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $275)

PROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 17 AM 9:30

DOCUMENT # **J64673** **(3)**

1. Corporation Name

BRIGHTVIEW, INC.

Principal Place of Business	Mailing Address
2717 44TH ST. N. ST. PETERSBURG FL 33713	2717 44TH ST. N. ST. PETERSBURG FL 33713

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **03/31/1987**
3a. Date of Last Report: **04/25/1994**

2. Principal Place of Business
21 3530 1ST AV N.
22 Suite, Apt. #, etc. #205
23 City & State ST. PETE, FL
24 Zip 33713 25 Country USA

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

4. FEI Number: **59-2801455** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

RUSSO, SALAVATORE A.
2717 44TH ST. N.
ST PETERBURG FL 33713

10. Name and Address of New Registered Agent

91 Name: RUSSO, SALVATORE A.
92 Street Address (P.O. Box Number is Not Acceptable)
93 2717 44TH ST. N.
94 City ST. PETERSBURG FL 95 Zip Code 33713

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 familar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: SALVATORE A. RUSSO (PRESIDENT) Salvatore A. Russo 6/30/95
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	PM	11 TITLE		☐ Change ☐ Addition
NAME	SALVATORE A. RUSSO	12 NAME		
STREET ADDRESS	2717 44TH ST. N.	13 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33713	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	RUSSO, NANCY	22 NAME		
STREET ADDRESS	2718 43RD ST., N.	23 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL	24 CITY-ST-ZIP		
TITLE	ST	31 TITLE		☐ Change ☐ Addition
NAME	RAMONA CRUZ	32 NAME		
STREET ADDRESS	2717 44TH ST. N.	33 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33713	34 CITY-ST-ZIP		
TITLE	V	41 TITLE	V. - PRESIDENT	☑ Change ☐ Addition
NAME	HAMPTON, ESTIL M.	42 NAME	HAMPTON, ESTIL M.	
STREET ADDRESS	5000 68TH AVE., N.	43 STREET ADDRESS	6025 109 TERRACE	
CITY-ST-ZIP	PINELLAS PARK FL	44 CITY-ST-ZIP	PINELLAS PARK, FL. 34666	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Salvatore A. Russo 6/30/95 813-321-1333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0197031 FP