

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

FILED
May 24, 1999 8:00 am
Secretary of State

05-24-1999 90025 039 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # J64673

1. Corporation Name
BRIGHTVIEW, INC.

Principal Place of Business
2717 44TH STREET NORTH
~~987E-205~~
ST. PETERSBURG FL 33713
US

Mailing Address
2717 44TH ST. N.
ST. PETERSBURG FL 33713

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/31/1987

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 owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business
2717 44TH ST N.
ST. PETERSBURG, FL 33713
Suite, Apt. #, etc.

2a. Mailing Address
2717 44TH ST N.
ST. PETERSBURG FL 33713
Suite, Apt. #, etc.

22. City & State
ST. PETERSBURG FL

27. City & State
ST. PETERSBURG FL

23. Zip
33713

28. Zip
33713

24. Country
US

29. Country
US

9. Name and Address of Current Registered Agent

RUSSO, SALVATORE A.
2717 44TH ST. N.
2717 44TH STREET NORTH
ST. PETERSBURG FL 33713

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 |

FL

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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------|---|--|
| TITLE | PM | 1.1 TITLE | |
| NAME | SALVATORE A. RUSSO | 1.2 NAME | |
| STREET ADDRESS | 2717 44TH ST. N. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | ST. PETERSBURG FL 33713 | 1.4 CITY-ST-ZIP | |
| TITLE | ST | 2.1 TITLE | |
| NAME | RAMONA CRUZ | 2.2 NAME | |
| STREET ADDRESS | 2717 44TH ST. N. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | ST. PETERSBURG FL 33713 | 2.4 CITY-ST-ZIP | |
| TITLE | VP | 3.1 TITLE | |
| NAME | BALL, FRED | 3.2 NAME | |
| STREET ADDRESS | 4337 67TH AN N | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | PINELLAS PARK FL | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| 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: *Salvatore A. Russo*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99
Date

727-526-9126
Daytime Phone #

CR2E034 (11/98)