

AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**NONPROFIT
CORPORATION
ANNUAL REPORT
1998**



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

FILED
98 OCT 27 PM 2:04



DOCUMENT # N96000001344 (8)

1. Corporation Name
BRIDGES OF AMERICA-THE WILMINGTON BRIDGE, INC.

Principal Place of Business Mailing Address
2055 MERCY DR 2055 MERCY DR
ORLANDO FL 32808-5629 ORLANDO FL 32808-5629

3. Date Incorporated or Qualified
03/12/1996

4. FEI Number **59-3366721** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Country 29 Zip 30 Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
COSTANTINO, FRANK
2055 MERCY DR
ORLANDO FL 32808-5629

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSTANTINO, FRANK	1.2 NAME	
STREET ADDRESS	5519 BAY SIDE DR	1.3 STREET ADDRESS	300002678693--6
CITY-ST-ZIP	ORLANDO FL 32819	1.4 CITY-ST-ZIP	-11/03/98--01024--014
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMURTRY, GRADY	2.2 NAME	
STREET ADDRESS	4698 HALL RD	2.3 STREET ADDRESS	***\$61.25
CITY-ST-ZIP	ORLANDO FL 32817	2.4 CITY-ST-ZIP	***\$61.25
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, DON	3.2 NAME	
STREET ADDRESS	1375 COUNTY RD 565A	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLERMONT FL 34711	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POITRAS, EDWARD W	4.2 NAME	
STREET ADDRESS	278 MOORE RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	HAINES CITY FL 33844	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRISON, BEN	5.2 NAME	
STREET ADDRESS	PO BOX 1189 RT 1 N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	CLERMONT FL 32711	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sandra B. Mortham* **REQUIRED** 10/14/98 407-291-1500

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0002763

CR2E037 (5/98)