

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

FILED
Jan 21, 1999 8:00am
Secretary of State

01-21-1999 90045 033 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P23114

1. Corporation Name

BRADY DISTRIBUTING COMPANY

Principal Place of Business

2708 YORKMONT RD.
P O BOX 19269
CHARLOTTE NC 28219-6269
US

Mailing Address

2708 YORKMONT RD.
P O BOX 19269
CHARLOTTE NC 28219-6269
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/23/1989

4. FEI Number

56-0852468

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 Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BRADY, JON P.	
STREET ADDRESS	2708 YORKMONT RD.	
CITY-ST-ZIP	CHARLOTTE NC	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	NORRIS, R.B.	
STREET ADDRESS	2708 YORKMONT RD.	
CITY-ST-ZIP	CHARLOTTE NC	

TITLE	COO	<input type="checkbox"/> DELETE
NAME	COOKE, LARRY E.	
STREET ADDRESS	2708 YORKMONT RD.	
CITY-ST-ZIP	CHARLOTTE NC	

TITLE	VPSD	<input type="checkbox"/> DELETE
NAME	BRADY, JON W.	
STREET ADDRESS	2708 YORKMONT RD.	
CITY-ST-ZIP	CHARLOTTE NC	

TITLE	VPTD	<input type="checkbox"/> DELETE
NAME	BRADY, CHRISTOPHER B	
STREET ADDRESS	2708 YORKMONT RD	
CITY-ST-ZIP	CHARLOTTE NC	

TITLE	D	<input type="checkbox"/> DELETE
NAME	BRADY, GWENDOLYN H	
STREET ADDRESS	2708 YORKMONT RD	
CITY-ST-ZIP	CHARLOTTE NC	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

NOTARIES REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-99
Date

704-357-6284
Daytime Phone #

CR2E034 (11/98)