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

Mailing Address

Profit Corporation Annual Report

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 01 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
Division OF CORPORATIONS

## DOCUMENT # P92000014591 (1)

## **BRUNDAGE CORPORATION**

Principal Place of Rusiness

appears in Block 12 or Blo

SIGNATURE:

3014 MEADOWLAKE AVE 1250 SEMINOLE BLVD. LARGO FL 33771-2646 LARGO FL 34640 3. Date Incorporated or Qualified 3a. Date of Last Report 12/29/1992 03/22/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3088624 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes Yes No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name LEMIEUX, GEORGE E 2148 LONGBOW LANE 82 Street Address (P.O. Box Number is Not Acceptable) **CLEARWATER FL 34624** 83 City 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 profed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) PSD ☐ Change Addition DELETE TITLE 1.1 TITLE LEMIEUX, GEORGE E NAME 1.2 NAME CR2E034 2148 LONGBOE LANE 1.3 STREET ADDRESS STREET ADORESS **CLEARWATER FL**  $C(IY\cdot S)\cdot ZP$ 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE NAMá 2.2 NAME 2.3 STREET ADDRESS SPREET ADDRESS 2. 4 CITY-ST-ZIP CITY ST-ZIP DELETE Addition 31 TITLE Change THLE NAME 32 NAME 3.3 STREET ADDRESS STREET ADORESS 3.4. CITY - ST- ZIP CITY ST-20 DELETE Change Addition TITLE 4.1 TITLE NAM 4.2 NAME 4.3 STREET AODRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS **53 STREET ADDRESS** CITY-ST-ZiP 5.4 CiTY-ST-ZIP ☐ DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 correstation or the receiver or trustee enpowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

14. I do 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