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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P92000014591

BRUNDAGE CORPORATION

				-							
Principal Place of Business			Mailing Address								
1250 SEMINOLE BLVD.			1250 SEMINOLE BLVD.								
1			20 El 34640					DO NOT WRITE IN THIS	SSPA	CE	
LARGO FL 34640 US			LARGO FL 34640 US				3	. Date Incorporated or Qualifed			
03		00					3.	12/29/1992			ļ
2 Bringing D	lace of Business	22	Mailing Address				4	. FEI Number		П	Applied For
2. Principal Place of Business			26				"	59-3088624		 	Not Applicable
21 Suite, Apt. #, ètc.			Suite, Apt. #, etc.				1		\$		Additional
22			27				5.	Certifcate of Status Desired	•		Required
City & State			City & State				6.	, Election Campaign Financing		\$5.0	0 May Be
23			28				"	Trust Fund Contribution			d to Fees
Zip	Country Zip			Cour	Country			. This corporation owes the current year Ir	tangit)le	·
24	25	29		30				Personal Property Tax.			□No
	9. Name and Address of Curre		tered Agent				10	. Name and Address of New Registered	Ager	ıt	
			,		81	Name					Ì
MCFADDEN, MICHAEL K					82	Ctroot Add	oce (I	P.Q. Box Number is Not Acceptable)			
, 200 CLEARWATER LARGO RD.				1	02	Street Addi	ess (1	P.O. Box Number is Not Acceptable)			ĺ
∉ LARO	GO FL 33770				83						
					_						
					84	City		FI	_ 85	i 21	p 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											its registered registered
agent. I a	m familiar with, and accept the obliga	ations of,	Section 607.0505, Fk	orida Statu	tes.						
SIGNATURE								reinstating) DATE			
40	Signature, typed or printed name of registered age OFFICERS A			E: Registered	Agent	t signature require		ADDITIONS/CHANGES TO OFFICERS A	ות מא	REC	TORS IN 12
12.	PD OFFICERS A	ND DINE	□ DELETE	1.1 TIT	ı F			ABBITIONOGOTIANOGO TO OTT TOETO		Chang	
	LEMIEUX, GEORGE E			1.2 NA						_	_
NAME.	2148 LONGBOE LANE			1		ADDRESS					
STREET ADDRESS	CLEARWATER FL 34624				1.3 STREET ADDRESS						
CITY-ST-ZIP	CLEANWATER I C 34024		☐ DELETE		1.4 CITY-ST-ZIP					Chang	e Addition
TITLE					2.2 NAME					Ū	_
NAME				- 6		4000500					
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP			☐ DELETE	2. 4 CF		T-ZIP				Chang	e Addition
TITLE				3.1 TIT							
NAME				3.2 NA							
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP			☐ DELETE	3.4. CI		T-ZIP				Chang	e Addition
TITLE			C) DELETE							Onlang	0 []/100111011
NAME				4. 2 NA							
STREET ADDRESS						ADORESS					
CITY-ST-ZIP				4.4 CIT		r-ZIP				Chang	e Addition
TITLE	No. of the second				5.1 TIπ.E				Ш	Criariy	B C Addition
NAME	\$ 1 × 1			5.2 NA							
STREET ADDRESS	-A*					ADDRESS					
CITY-ST-ZIP				5.4 CIT		r-ziP /				Chan	o □ Additio=
TITLE			☐ DELETE	6.1 TIT					Ц	Chang	e
NAME:				6.2 NA							
CADEEL VUDDECC				6.3 ST	REET	ADDRESS					i

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 ampowered.

6.4 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS