

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P92000015270 (1)

1. Corporation Name

BRUSHTEC, INCORPORATED



Principal Place of Business

Mailing Address

415-F PARKQUE DR  
ORMOND BEACH FL 32174  
US

415-F PARQUE DR  
ORMOND BEACH FL 32174  
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

MICHAEL, ROBERT E  
920 OLD MILL RUN  
ORMOND BEACH FL 32174

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

12/30/1992

3a. Date of Last Report

04/20/1995

4. FEI Number

59-3241157

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

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's signature required when instituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME MICHAEL, ROBERT E  
STREET ADDRESS 920 OLD MILL RUN  
CITY - ST - ZIP ORMOND BEACH FL 32174

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D-P-C ☒ Change ☐ Addition  
1.2 NAME Michael, Robert E  
1.3 STREET ADDRESS 920 Old Mill Run  
1.4 CITY - ST - ZIP Ormond Beach, FL 32174

2.1 TITLE D-V ☐ Change ☒ Addition  
2.2 NAME Michael, Albert J  
2.3 STREET ADDRESS 2100 Gulf Shore Blvd APT 111  
2.4 CITY - ST - ZIP Naples, FL 33939

3.1 TITLE D-S/T ☐ Change ☒ Addition  
3.2 NAME Lewis, Eben W.  
3.3 STREET ADDRESS 415-F Parque Dr  
3.4 CITY - ST - ZIP Ormond Beach FL 32174

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-96

Date

904 676 0206

Daytime Phone

SC-41-1-91

CR2E034 (12/95)