

FILED

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Secretary of State

04-06-1999 90050 014 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P92000015270

1. Corporation Name

BRUSHTEC, INCORPORATED

Principal Place of Business

415-F PARQUE DR
ORMOND BEACH FL 32174
US

Mailing Address

ORMOND BEACH FL 32174
US

920 OLD MILL RUN

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 920 OLD MILL RUN

Suite, Apt. #, etc.

22 ORMOND BEACH, FL

City & State

23 32174 611 USA

Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

12/30/1992

4. FEI Number

59-3241157

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation owes the current year intangible
Personal Property Tax.☐ Yes☒ No

10. Name and Address of New Registered Agent

81 Name

WILLIAM SARKUS

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

920 OLD MILL RUN

83

ORMOND BEACH

84 City

FL

85 Zip Code

32174

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 ROBERT E. MICHAEL PRES

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

JANUARY 11, 1999

12. OFFICERS AND DIRECTORS

TITLE DPC ☐ DELETE

NAME MICHAEL, ROBERT E

STREET ADDRESS 920 OLD MILL RUN
CITY-ST-ZIP ORMOND BEACH FL 32174TITLE VD ☐ DELETE

NAME MICHAEL, ALBERT J

STREET ADDRESS 2100 GULF SHORE BLVD APT 111
CITY-ST-ZIP NAPLES FL 33939TITLE DST ☒ DELETE

NAME LEWIS, EBEN W

STREET ADDRESS 415-F PARQUE DR
CITY-ST-ZIP ORMOND BEACH FL 32174TITLE ☐ 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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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 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: ROBERT E. MICHAEL PRES, 1-11-99 904 622 6053

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034 (4/1/98)