

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

FILED  
Mar 14, 1999 8:00 am  
Secretary of State

03-14-1999 90033 012 \*\*\*158.75

DOCUMENT # P93000055913

1. Corporation Name

BRIGADOON INDUSTRIES, INC.

Principal Place of Business

3445 S W 6TH ST  
OCALA FL 34474  
US

Mailing Address

107 NE 1ST AVE  
OCALA FL 34470  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/10/1993

4. FEI Number

65-0429866

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.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

9. Name and Address of Current Registered Agent

MURPHY, JOHN J  
2450 HOLLYWOOD BLVD.  
SUITE 300  
HOLLYWOOD FL 33020

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 DP  
NAME MCCANN, MICHAEL  
STREET ADDRESS 9963 NW 83RD RD PL  
CITY-ST-ZIP Ocala FL 34482

TITLE D  
NAME MCCANN, THOMAS J  
STREET ADDRESS 4851 N.W. 128 ST. RD.  
CITY-ST-ZIP MIAMI FL 33954

TITLE D  
NAME MILLER, DONALD P  
STREET ADDRESS 1602 N. UNION ST  
CITY-ST-ZIP FOSTORIA OH 44830-1158

TITLE D  
NAME O'BRIEN, CLAUDE JR  
STREET ADDRESS 2713 122ND AVE  
CITY-ST-ZIP TAMPA FL 33612

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE MCCANN, MICHAEL  
1.2 NAME 553 SW 48TH LANE  
1.3 STREET ADDRESS Ocala, FL 34474  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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

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

6.1 TITLE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael McCann

Date

3/12/99

352-401-9010

Daytime Phone #

CR2E034 (11/98)