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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000083708

BRUSHWOOD, INC.

Principal Place of Business	Mailing Address
4218 HENDERSON	4860 HERON POINTE DRIVE
TAMPA FL 33629	#103
us	TAMPA FL 33616

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90074 040 ***150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 12/03/1993 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 59-3211855 Not Applicable 58 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 Žip Country 8. This corporation owes the current year Intangible 33606 Personal Property Tax. 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name RENFROE, MARY L 82 Street Address (P.O. Box Number is Not Acceptable) 4860 HERON PT. DR 83 **TAMPA FL 33616** Zip Code City 84 85 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ DELETE 1.1 TITLE **PSD** TITLE RENFROE. MARY L 12 NAME NAME 4860 HERON PT. DR #180 1.3 STREET ADDRESS STREET ADDRESS **TAMPA FL 33616** 1.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change Addition ☐ DELETE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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:

. Rentroe 4/28/99 (8/3)282

CR2E034 (11/98)