FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90133 032 \*\*\*150.00

## 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 # P94000064432 1. Corporation Name

**BROTHERS MANUFACTURING CORPORATION** 

Principal Place of Business Mailing Address											00 ())(# ! 01 <b> 06</b>	
121 E. LIME ST. 121 E. LIME ST.			•							•		
TARPON SPRINGS FL 34689 TARPON SPRINGS FL 34689			19									
								DO NOT WRITE IN THIS SPACE				
								3. Date Incorporated or Qualifed 08/31/1994				
2. Principal Place of Business 2			2a. Mailing Address					4. FEI Number		A	pplied For	
· ·		26					59-3265728		1	lot Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.					5. Certifcate of Status Desired			Additional		
22		27					5. Certificate di Status Desired		Fee F	Required		
City & State			City & State					6. Election Campaign Financing	П	\$5.00	May Be	
13		28	28					Trust Fund Contribution		Added	to Fees	
Zip	Country	7	Zip	Cou	ıntry			8. This corporation owes the curre	ent year Inta		-A.	
24	25	29		30				Personal Property Tax.		☐Yes	OKA	
	9. Name and Address of Current	Registe	ered Agent		-	T		10. Name and Address of New R	egistered A	Agent		
CEIE	D MITCHELL A				81	Name						
GEIER, MITCHELL A 2653 HUNT ROAD				82	Street A	Addres	ss (P.O. Box Number is Not Acceptate					
TARPON SPRINGS FL 34689												
IAN	FUN SPRINGS FL 34009				83							
					84	City	85			85 Zip	Code	
						-		<u> </u>				
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	: and 607	7.1508, Florida Statut	es, the a	bove	e-named o	corpor	ration submits this statement for the parties of directors. I hereby accept	ourpose of o	changing if itment as i	ts registered registered	
agent. I a	m familiar with, and accept the obligati	ions of, S	Section 607.0505, Flo	rida Stat	utes		100011	, o board of direction				
SIGNATURE												
	Signature, typed or printed name of registered agent				) Ager	nt signature re	quired v	when reinstating)	DATE	D D10507	200 11 10	
12.	OFFICERS AND	) DIREC		13.				ADDITIONS/CHANGES TO OFF	ICERS AN	Change		
TITLE	P CEIED IEEEDEN D		☐ DELETE	1.1 T							,	
NAME	GEIER, JEFFREY P				AME							
STREET ADDRESS	760 GLENGARY LANE			1.3 STREET ADDRESS								
CITY-ST-ZIP	PALM HARBOR FL 34684		Постете	_	∏Y-S	T-ZIP				Change	Addition	
TITLE	V OFIED MITCHEL A		☐ DELETE	2.1 T						□ Citaliye	, D'Additoil	
NAME	GEIER, MITCHEL A			2.2 N								
STREET ADDRESS	2653 HUNT ROAD			2.3 S	TREET	ADDRESS						
CITY-ST-ZIP	TARPON SPRINGS FL 34689		. ,			T-ZIP	•	<u> </u>			Addition	
TITLE	ST SOPER		☐ DELETE	3.1 T						☐ Change	Addition	
NAME	GEIER, ROBERT			3.2 N	AME							
STREET ADDRESS	646 RIVERSIDE DR			3.3 S	3.3 STREET ADDRESS							
CITY-ST-ZIP	TARPON SPRINGS FL 34689					ST-ZIP						
TITLE	*		☐ DELETE	4.1 T	ITLE					Change	e	
NAME				4.21	IAME						ĺ	
STREET ADDRESS				4.3 S	TREET	FADORESS						
CITY+ST-ZIP					ITY-S	T-ZIP					·	
TITLE			☐ DELETE	5.1 T		ļ			,	Change	Addition	
NAME				5.2 N		ĺ						
STREET ADDRESS				5.3 S	TREET	FADORESS						
CITY-ST-ZIP				_	ITY-S	T-ZIP		·				
TITLE			☐ DELETE	6.1 T						☐ Change	Addition	
NAME				6.2 N	AME							

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.

64 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRÉSS