

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 22 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P94000078558 (1)

1. Corporation Name  
BRIDGEPORT INCORPORATED

Principal Place of Business

4510 OAK FAIR BLVD  
SUITE 202  
TAMPA FL 33610  
US

Mailing Address

4510 OAK FAIR BLVD  
SUITE 202  
TAMPA FL 33610  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/24/1994

4. FEI Number

65-0534687

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 8302 Laurel Fair Circle N.

Suite, Apt. #, etc.

22 Suite # 130

City & State

23 Tampa, FL

Zip

24 33610

Country

25 USA

2a. Mailing Address

26 8302 Laurel Fair Circle N.

Suite, Apt. #, etc.

27 Suite # 130

City & State

28 Tampa, FL

Zip

29 33610

Country

30 USA

9. Name and Address of Current Registered Agent

MARTIN, ROBERT J  
4510 OAK FAIR BLVD  
#202  
TAMPA FL 33610

10. Name and Address of New Registered Agent

81 Name

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

8302 Laurel Fair Circle

83 Suite # 130

84 City Tampa

FL

85 Zip Code

33610

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 P ☐ DELETE

NAME MARTIN, ROBERT J  
STREET ADDRESS 4510 OAK FAIR BLVD., SUITE 202  
CITY-ST-ZIP TAMPA FL

TITLE V ☒ DELETE

NAME MARTIN, JOHN R.  
STREET ADDRESS 4510 OAK FAIR BLVD., SUITE 202  
CITY-ST-ZIP TAMPA FL

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 Pres, and Sec. ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS 8302 Laurel Fair Circle N. #130  
1.4 CITY-ST-ZIP Tampa, FL 33610

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE Vce President ☒ Change ☐ Addition

3.2 NAME Roger Martin  
3.3 STREET ADDRESS 8302 Laurel Fair Circle N. #130  
3.4 CITY-ST-ZIP Tampa FL 33610

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME Robert F. Keefe  
4.3 STREET ADDRESS 8302 Laurel Fair Circle N #130  
4.4 CITY-ST-ZIP Tampa FL 33610

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)(l), 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]*

(813)622-7150

CR2E034 (5/98)