

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
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90113 014 ***150.00

DOCUMENT # P95000016987

1. Corporation Name
BRIDGEWOOD SERVICES, INC.

Principal Place of Business
1355 BENNETT DR., UNIT 129
LONGWOOD FL 32750

Mailing Address
P O BOX 520609
LONGWOOD FL 32752

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/27/1995

4. FEI Number

59-3300086

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

21 409 E. Highland

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Altamonte Spgs, FL

27 City & State

28 Zip

24 32701

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

FITZSIMONS, JAMES R
1355 BENNETT DR., UNIT 129
LONGWOOD FL 32750

10. Name and Address of New Registered Agent

81 Name

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

83 100 Bridgewood Ct.

84 City

Winter Spgs

FL

85 Zip Code

32708

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

James R. Fitzsimons

JAMES R. FITZSIMONS, V.P.

1-14-99

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE
NAME BURMAN, JERRY L
STREET ADDRESS 1355 BENNETT DR., UNIT 129
CITY-ST-ZIP LONGWOOD FL 32750

TITLE VSD ☐ DELETE
NAME FITZSIMONS, JAMES R
STREET ADDRESS 1355 BENNETT DR., UNIT 129
CITY-ST-ZIP LONGWOOD FL 32750

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 ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 409 E. Highland
1.4 CITY-ST-ZIP Altamonte Spgs, FL 32701

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 100 Bridgewood Ct.
2.4 CITY-ST-ZIP Winter Spgs FL 32708

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: *James R. Fitzsimons* JAMES R. FITZSIMONS, V.P.S. (407) 696-2404

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0086337