FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000018614 (4)

BROMLEY CONSTRUCTION, INC.

Principal Place of Business Mailing Address										1811 9171 1981
222 8 WESTMONTE DR 222 S WESTMONT					E DR					
SUITE 110 ALTAMONTE SPGS FL 32714 US				SUITE 110 ALTAMONTE SPGS FL 32714 US				DO NOT WRITE IN THIS PRACE		
								DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
								03/06/1995		
2. Principal Place of Business				2a. Mailing Address				4. FEI Number	A	pplied For
21				26				59-3314753	N	lot Applicable
Sulte, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional
22				27				6. Certificate or Status Desired	Fee F	lequired
City & State				City & State				6. Election Campaign Financing		May Be
23				28				Trust Fund Contribution	Added	to Fees
Zip	` <u>⊨</u> ₁ '			Zip Country			•	8. This corporation owes or has paid the cu		
24	25 :			30]				Personal Property Tax due June 30. Yes M No 10. Name and Address of New Registered Agent		
9. Name and Address of Current Registered Agent							Name	10. Name and Address of New Registered	Agent	
TUCKER, TOMMY G						81	INGILIO			
1101 N. LAKE DESTINY ROAD SUITE 4 MAITLAND FL 32751				475		82	Street Addre	reel Address (P.O. Box Number is Not Acceptable)		
						83				
						84	Oite			Code
						[FL	. '	
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statute office or registered agent, or both, in the State of Florida. Such change was at agent. I am familiar with, and accept the obligations of, Section 607.0505, Flor 						bove d by utes	e-named corporations.	oration submits this statement for the purpose on's board of directors. I hereby accept the app	f changing pointment a	its registered s registered
SIGNATURE										
SIGNATORE ,	Signature, type	d or printed name of regist	wed agent and title if a	golicatole (Ne	01(: Registere	d Age	ent signature require	ed when reinstating) DATE		
12.		OFFICE	RS AND DIRECTO		13.			ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	D			☐ DELETE	1.1 TI				Change	Addition
NAME TUCKER, TOMMY G				1.2 NAME						
STREET ADDRESS 1101 N. LAKE DESTINY RD. SU CITY-ST-ZIP MAITLAND FL							ADDRESS			Į.
CITY-ST-ZIP	MAIL	NU FL		Dilete			T-ZIP		Channa	Addition
TITLE				L DELETE	2.1 TI				Change	☐ Addition
NAME					2.2 N/					
STREET ADDRESS							ADDRESS			
CITY-ST-ZIP TITLE				☐ DFLET E	2 4 C		ST - ZIP		Change	Addition
NAME				L. Dictie	32 N/					
STREET ADDRESS							ADDRESS			
CITY-ST-ZIP							ST-ZIP			
TITLE				DELETE	4.1 TI	_	y: 18		Change	Addition
NAME					4 2 N		1		•	·
STREET ADDRESS							ADDRESS			
CITY-ST-ZIP					4 4 CI					
TITLE				☐ DELETE	5 1 TI				Change	Addition
NAME					52 N/	ME	ŀ			
STREET ADDRESS							ADDRESS			
CITY-ST-ZIP					5.4 CI					
TITLE				DELETE	61 Ti				Change	☐ Addition
NAME					62 N/	AME				
STREET ADDRESS					63 \$1	REET	ADDRESS			

CITY-ST-ZIP

14. Thereby 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 13 if changed, or on an attachment with an address.

FILED

May 11 1998 8:00am

Secretary of State