Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90029 035 \*\*\*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 # P95000018614

1. Corporation	Name	010011					
BROMLEY CONSTRUCTION, INC.							
OHOME					E NGTER <b>FO</b> E HI <b>G</b> (418) SING TRINE ONEN ACHT ACHT AC		
Principal Place of Business Mailing Address					# INDICIONAL IND INCOME AUGUS AND		
222 S WESTMONTE DR 222 S WESTMONTE DR							
SUITE 110 SUITE 110					DO NOT WRITE IN THIS SPACE		
ALTAMONTE SPGS FL 32714 ALTAMONTE SPGS FL 32714					DO NOT WRITE IN THIS SPACE		
US		US			3. Date Incorporated or Qualifed 03/06/1995		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	ΙΔn	plied For
<del></del>					59-3314753	Not Applicable	
		Suite, Apt. #, etc.	ite, Apt. #, etc.			<b>\$8.75</b> Additional	
<del></del> ' ' '	7				5. Certifcate of Status Desired	Fee Re	
		City & State			6. Election Campaign Financing	\$5.00	May Be
23		28		Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Country	<i>'</i>	8. This corporation owes the current year	Intangible	1
24	25 29 30		0	Personal Property Tax.		☐ Yes	<b>I</b> INo
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Register	ed Agent	
			81	Name			
TUCKER, TOMMY G			82	Street Add	ess (P.O. Box Number is Not Acceptable)		
1101 N. LAKE DESTINY ROAD SUITE 475							
MAIT	LAND FL 32751		83				
			84	City		85 Zip (	Code
				'		<b>-L</b>	}
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes	the abov	e-named corp	poration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changing its	registered
office or n	egistered agent, or both, in the State on familiar with, and accept the obligat	ions of, Section 607.0505, Florid	da Statutes	s.	on a board of directors. Thereby accept the op	politarion do ro	9
SIGNATURE							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regis				nt signature require	ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS		DPS IN 12
12.	OFFICERS AND DIRECTORS		13. 1.1 TITLE	<del>"  </del>	ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE	D THOUGH TOMAY C	□ pereve	1.2 NAME			Qa.r.g.	
NAME	AAAA NI LAKE DECTING DD CHITE AZE		1.2 NAME 1.3 STREET ADDRESS				
STREET ADDRESS	MARTI AND EL		1.4 CITY-ST-ZIP				
CITY-ST-ZIP TITLE			2.1 TITLE	11-21	<del></del>	Change	Addition
			2.2 NAME			_ ,	
NAME PERCET ADODESS				TADDRESS			Ì
STREET ADORESS			2.3 STREE	1			ļ
CITY-ST-ZIP			3.1 TITLE	<u> </u>	<del></del>	Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS	1.		1	T ADDRESS		•	}
CITY-ST-ZIP			3.4. CITY-				ĺ
TITLE	☐ DELETE 4.		4.1 TITLE			☐ Change	Addition
NAME	4.4		4. 2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-S	ST-ZIP			
TITLE			5.1 TITLE			Change	Addition
NAME	521		5.2 NAME				
STREET ADDRESS	. 53		5.3 STREE	TADDRESS			
CITY-ST-ZIP	5.4		5.4 CITY-S	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		<del></del>	Change	☐ Addition
NAME			6.2 NAME	+			İ
CTDEST ADODECC			6.3 STREE	TADDRESS			

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. 4,12,99

6.4 CITY-ST-ZIP

SIGNATURE: dom

STREET ADDRESS

CITY-ST-ZIP