

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
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90009 016 ***150.00

DOCUMENT # P96000038725

1. Corporation Name
BRACKETT ENTERPRISES, INC.

Principal Place of Business
840-23RD A/E. NORTH
ST. PETERSBURG FL 33704

Mailing Address
840-23RD AVE. NORTH
ST. PETERSBURG FL 33704

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/03/1996

4. FEI Number

59-3264674

Applied For
No 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 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

ESTEP, MARY K
4500 9TH STREET NORTH
ST. PETERSBURG FL 33703

10. Name and Address of New Registered Agent

81 Name BRACKETT, Milton N.

82 Street Address (P.O. Box Number is Not Acceptable)
840-23rd AVE NORTH

83

84 City St. Petersburg

FL

85 Zip Code 33704

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

Milton N Brackett

Milton N Brackett

4/24/99

Signature, typed or printed name of registered agent and title if applicable.

(NOT a Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME ESTEP, MARY K
STREET ADDRESS 4500 9TH STREET NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33703

TITLE D ☐ DELETE
NAME BRACKETT, MILTON N
STREET ADDRESS 4500 9TH STREET NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33703

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

11 TITLE 11/11/57/01/11/11 ☒ Change ☐ Addition
12 NAME Milton N. BRACKETT
13 STREET ADDRESS 840-23rd AVE NORTH
14 CITY-ST-ZIP St. Petersburg, FL 33704

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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:

Milton N Brackett Milton N Brackett

4/24/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0406239