## 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** Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90135 048 \*\*\*150.00

DOCUMENT # P96000078014	
BRITKEN INDUSTRIES, INC.	2 10001007: 116 15070 NOTE 5011 SOUL COLUMN 12 117 10 117 FORE 10 11 10 11 10 11 10 11 10 11 10 11 10 11 10 11
	1 2011 2011 11 2011 11 2011 12 2011 12 2011 12 2011 12 2011 12 2011 12 2011 12 2011 12 2011 12 2011 12 2011 12

											<b>a</b> .
Principal Place	e of Business	Mailing Address		_			1 .	I FROISBOT STO TOTED OTTE ORIGINA		ISON ISILI DOI	
7527 ULMERTO		7527 ULMERTON ROAD									
LARGO FL 3377		LARGO FL 33771									
								DO NOT WR		SPACE	
' 						İ	1	Incorporated or Qualifed 5/1996			
2. Principal Pl	ace of Business	2a. Mailing Address					4. FEIN				Applied For
21		26					<u>59-3</u>	<u>1406863</u>			Not Applicable
Suite Apt.	#, etc.	Suite, Apt. #, etc.				_ [	5 Certii	fcate of Status Desired		•	Additional
22		27					0				Required
City & State	е	City & State					1	ion Campaign Financing			May Be
23		28	<b>0</b>	4			<del> </del>	Fund Contribution			d to Fees
Zip	Country	Zip	Coun	itry			1	corporation owes the cu	rrent year in	tangible Yes	□No
24	25	Pagistered Agent	<u> </u>			_		onal Property Tax. e and Address of New	Registered		2,40
	9. Name and Address of Current	Kadistara ydaut		81	Name	_	10. 140	C dila Addices of Hear			
WEIS	SEL, HOLLY K					_					
	ULMERTON ROAD			82	Street /	Addres	ss (P.O. B	ox Number is Not Accep	table)		
	GO FL 33771		\ -	83				<del></del>			
			[1	84	City			,	Fi	85   Zi	p Code
44 Physiciant	to the provisions of Sections 607.0502	and 607 1508. Florida Statutes	the ah	OVE.	-named	corpor	ration subr	nits this statement for th	e purpose o	f changing i	its registered
office or re	egistered agent, or both, in the State o	if Florida. Such change was aut	horized	by t	ine corpo	oration	n's board o	f directors. I hereby acco	ept the appo	intment as	registered
agent. La	m familiar with, and accept the obligati	ons of, Section 607.0505, Florid	ia Statul	tes.							
SIGNATURE	Signature, typed or printed name of registered agent	and title if populable (NOTE: R	enistered A	oent.	sionature re	equired v	when reinstatin	(a)	DATE	<del></del>	
12.	OFFICERS AND		13.					IONS/CHANGES TO O	FFICERS A	ND DIRECT	TORS IN 12
TITLE	D	☐ DELETE	1.1 TITL	.E						<b>∑</b> Chang	e
NAME	WEISEL, HOLLY K		1.2 NAN	ИΕ	Ì			_	*		
STREET ADDRESS	1901 OAKDALE LANE NORTH		1.3 STR	REET	ADDRESS	37	'II K	EYSTONE ROM	AD.		
CITY-ST-ZIP	CLEARWATER FL 34624		1.4 CIT	Y-ST-	-ZIP	TAI	RPON S	SPRINGS, FL	34689		
TITLE	D	☐ DELETE	2.1 TITL	.E				7		Chang	e 🔲 Addition
NAME	WEISEL, RANDALL L		2.2 NAN	Æ	ĺ		•				
STREET ADDRESS	1901 OAKDALE LANE NORTH		2.3 STR	REET	ADDRESS	37/	II KE	YSTONE ROAD	0		
CITY-ST-ZIP	CLEARWATER FL 34624		2. 4 CIT	Y-\$T	T-ZIP	TA	RPON.	YSTONE ROAS	346 <u>89</u>		
TITLE		☐ DELETE	3.1 TITL							☐ Chang	e
NAME			3.2 NAM	ΛE							
STREET ADDRESS			3.3 STF	REET	ADDRESS						
CITY-ST-ZIP			3.4. CIT	Y-ST	T-ZIP				<del></del> -		
TITLE		☐ DÉLETE	4.1 TITL	E						Chang	e Addition
NAME			4. 2 NA	ME	Ì						
STREET ADDRESS			4.3 STR	REET	ADDRESS						
CITY-ST-ZIP			4.4 CIT	Y-ST-	-ZIP			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
TITLE		☐ DELETE	5.1 TITL							☐ Chang	e Addition
NAME			5.2 NAM								
STREET ADDRESS			5.3 STF	REET	ADDRESS				•		
CITY-ST-ZIP		····· <u></u>	5.4 CIT		-ZIP						
TITLE		☐ DELETE	6.1 TITL							☐ Chang	e
NAME	•		6.2 NAM								
STREET ADDRESS					ADDRESS						
CITY, ST, ZIP			6.4 CIT	Y-ST	- Z}P	l					

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: HOLLY K. WEISEL SIGNING OFFICER OR DIRECTOR

727-536-5787