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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

FILED

May 06 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000034680 (3)

BRENTWOOD CONSTRUCTION, INC.

Principal Place of Business		Mailing Address		
S100 TAMIAMI TRAIL NORTH SUITE 158 NAPLES FL 34103		5100 TAMIAMI TRAIL NORTH SUITE 158 NAPLES FL 34103		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
				04/17/1997
2. Principal Place of Business		2a. Mailing Address		4. FEI Number Applied For
21		26		59 - 344 6086 Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired
City & Stat	9	City & State		Election Campaign Financing \$5.00 May Be
23 Zip	Country	28	Country	Trust Fund Contribution
24	25	29	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
	9. Name and Address of Currel		[30]	10. Name and Address of New Registered Agent
DDICE D COOT 81 Name				
AAAA AAA AAAAAAAAAAAAAAAAAAAAAAAAAAAAA			82 Street Addr	el H. Schechter, Esq. ress (P.O. Box Number is Not Acceptable)
-SUITE-345			C/C	o Cummings & Lockwood
_NAPLES_FL 34105-3203			83	
-1114 000 1 0 1 1100 1100				01 Tamiami Trail North
B4 City Naples FL 85 Zip Code 34104				
11. Pursuant to the provisions of Sections 97.0502 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 appointment of Section 607.0505, Florida Statutes.				
agent. I am lamiliar with, and recept the obligations of, Section 607.0505, Florida Statutes.				
SIGNATURE Joel H. Schechter 4/22/98				
Signature, typey or printed name of registered agent and title if applicable [NOTE Registered Agent signature required when reinstating) DATE 12. OF FICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.				
12.	-POS-	DELETE	13. 1.1 TITLE D	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 / P / S
NAME	PIERCE, JAMES E		1.2 NAME	/ 1 / D
STREET ADDRESS	4795 GANYMEDE COURT		1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34105		1.4 City-St-Zip	
TITLE	VD	DELETE	2.1 TiTLE	☐ Change ☐ Addition
NAME	PIERCE, CHRISTOPHER J		2.2 NAME	
STREET ADDRESS	4795 GANYMEDE COURT		2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34105		2 4 CITY-ST-ZIP	
TITLE	V D	☐ DELETE	31 TITLE	Change Addition
NAME	PIERCE, JAMES A		3.2 NAME	İ
STREET ADDRESS	4795 GANYMEDE COURT		3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34105	TO DELETE	3.4. CITY-ST-ZIP	Di 1 1449/
TITLE	STD DIEDOE PARRADA D	DELETE	4.1 TIYLE	☐ Change ☐ Addition
NAME OTREET ADORESE	PIERCE, BARBARA P		4.2 NAME	1
STREET ADDRESS CITY-ST-ZIP	4795 GANYMEDE COURT NAPLES FL 34105		4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE	14A CEO 1 E 04 100	DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	Stange /Manual
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	ľ
TITLE		☐ DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS]		6.3 STREET ADDRESS	
CITY-ST-ZIP			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 of supplemental donual 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 reporter or trystee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change the formal content of the report o				