

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 08, 1999 8:00 am
Secretary of State

03-08-1999 90014 040 ***150.00

DOCUMENT # P97000086997

1. Corporation Name
BRW COMPANY, INC.



Principal Place of Business
127 JOHN SIMS PARKWAY
VALPARAISO FL 32580

Mailing Address
127 JOHN SIMS PARKWAY
VALPARAISO FL 32580

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/08/1997

4. FEI Number

59-3472287

Applied For
Not 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

2a. Mailing Address

21 128 JOHN SIMS PKWY.

26 P.O. BOX 8

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 VALPARAISO, FL

28 VALPARAISO, FL

Zip Country

Zip Country

24 32580

25 U.S.A.

29 32580

30 U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FEDONCZAK, TERESA W
127 JOHN SIMS PARKWAY
VALPARAISO FL 32580

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

128 JOHN SIMS PKWY.

83

84 City

VALPARAISO

FL

85 Zip Code

32580

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 *Teresa W. Fedonczak*

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

(NOTE: Registered Agent signature required when reinstating)

2/8/99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME WILLIAMS, RAMONDE R
STREET ADDRESS 127 JOHN SIMS PARKWAY
CITY-ST-ZIP VALPARAISO FL 32580

☐ DELETE

TITLE D
NAME RILEY, JUDITH B
STREET ADDRESS 127 JOHN SIMS PARKWAY
CITY-ST-ZIP VALPARAISO FL 32580

☐ DELETE

TITLE D
NAME BYRNE, PATRICK E II
STREET ADDRESS 127 JOHN SIMS PARKWAY
CITY-ST-ZIP VALPARAISO FL 32580

☐ DELETE

TITLE D
NAME FEDONCZAK, TERESA W.
STREET ADDRESS 127 JOHN SIMS PARKWAY
CITY-ST-ZIP VALPARAISO FL 32580

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

☒ Change ☐ Addition

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☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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: *Teresa W. Fedonczak* TERESA W. FEDONCZAK 2-8-99 850-678-7812

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)