

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 03, 1999 8:00 am  
Secretary of State

03-03-1999 90127 030 \*\*\*150.00

DOCUMENT # P97000107281

1. Corporation Name

BRANDON RESTAURANT EQUIPMENT & SUPPLIES, INC.

Principal Place of Business

25533 OAKS BLVD.  
LAND O'LAKES FL 34639

Mailing Address

POST OFFICE BOX 7358  
WESLEY CHAPEL FL 33543

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/22/1997

4. FEI Number

59-3483466

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

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

REIBER, JACOB I  
26650 HIGHWAY 54  
LUTZ FL 33549

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

D

☐ DELETE

NAME

WINKLER, BERNARD

STREET ADDRESS

25533 OAKS BLVD.

CITY-ST-ZIP

LAND O'LAKES FL 34639

TITLE

D

☐ DELETE

NAME

WINKLER, LYNN

STREET ADDRESS

25533 OAKS BLVD.

CITY-ST-ZIP

LAND O'LAKES FL 34639

TITLE

D

☐ DELETE

NAME

O'BRIEN, JAMES

STREET ADDRESS

6909 QUAIL HOLLOW BLVD.

CITY-ST-ZIP

LAND O'LAKES FL 34639

TITLE

D

☐ DELETE

NAME

TROUT, MAUREEN S

STREET ADDRESS

204 NITA DRIVE

CITY-ST-ZIP

SEFFNER FL 33584

TITLE

D

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

D

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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:

*Maureen S Trout*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/16/99 8136201668

CR2E034 (1/1/98)