PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000019004

1. Corporation Name

BRIGADOON DEVELOPMENT CORP.

Principal Place of Business	Mailing Address		
13924 SEVENTH STREET	13924 SEVENTH STREET		
DADE CITY FL 33525	DADE CITY FL 33525		

FILED Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90098 037 ***158.75



Principal Place	e of Rusiness	Mailing Address				- []002]004 110 19194 10411 80114 00411 00411 0011	AT (1010 1011) BEITH O	
13924 SEVENTH		13924 SEVENTH STREET				+		
DADE CITY FL		DADE CITY FL 33525						
		• • • • • • • • • • • • • • • • • • • •				DO NOT WRITE IN THI	S SPACE	
						3. Date Incorporated or Qualifed 02/26/1998		-
9 Principal Pl	lace of Business	2a, Mailing Address				4 FFI Number	Apr	olied For
21		26				59-3495691	Not	Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				1/	\$8.75 A	dditional
22	,	27				5. Certificate of Status Desired	Fee Rec	quired
City & State	e :-	City & State	-			6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added to	
Zip	Country	Zip	Cou	intry		8. This corporation owes the current year I	ntangible ,	1
24	25	29	30			Personal Property Tax.	☐ Yes 🔏	No
	9. Name and Address of Curren	t Registered Agent			-	10. Name and Address of New Registere	d Agent	
				81	Name			
	TH, THOMAS E			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	24 SEVENTH STREET			"	Otteet Addre	iss (F.O. Box Humbs) to Het Hoopkesty		
DAD	E CITY FL 33525			83				'
					O.h.		. 85 Zip C	ode
				84	City	. F	L S Zipo	000
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Stat	utes, the a	bove-r	named corpo	pration submits this statement for the purpose	of changing its	registered
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation	of Florida. Such change was	authorized	d by th	e corporation	n's board of directors. I hereby accept the app	ointment as reg	istered
	m samual war, and accept the obliga-							
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NO	TE: Registered	Agent si	ignature required	when reinstating) DATE		
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS		
TITLE	D	☐ DELETE	1.1 TI	TLE			Change	☐ Addition
NAME	SMITH, THOMAS E		1.2 N	AME				
STREET ADDRESS	13924 SEVENTH STREET		1.3 S1	TREET AL	DDRESS		•	
CITY-ST-ZIP	DADE CITY FL 33525		1.4 CI	ITY-ST-Z	ZIP			
TITLE	D	☐ DELETE	2.1 11	TLE			☐ Change	Addition
NAME	Roberts, Kevin T		22 N	AME			☐ Change	_
STREET ADDRESS	13924 SEVENTH STREET		23.51		1		☐ Change	
CITY-ST-ZIP	DADE CITY FL 33525			TREET AL	DDRESS		Change	
TITLE				TREET AL CITY-ST-2				
NAME	D	DELETE	2.4 C	CITY-ST-				Addition
	D Borton, Pamela K	DELETE	2.40	TLE				Addition
STREET ADDRESS	BORTON, PAMELA K	DELETE :	2.4 C 3.1 TI 3.2 N	TLE	ZIP			Addition
STREET ADDRESS	BORTON, PAMELA K	DELETE :	2.4 C 3.1 Tf 3.2 N 3.3 ST	CITY-ST- TLE AME	ZIP - DORESS			Addition
	BORTON, PAMELA K 13924 SEVENTH STREET	☐ DELETE	2.4 C 3.1 Tf 3.2 N 3.3 ST	CITY-ST- TLE AME TREET AL	ZIP - DORESS			Addition
STREET ADDRESS CITY-ST-ZIP	BORTON, PAMELA K 13924 SEVENTH STREET	_	2.4 C 3.1 TI 3.2 Ni 3.3 SI 3.4. C	CITY-ST-: TLE AME TREET AL CITY-ST-: TLE	ZIP - DORESS		. ☐ Change	
STREET ADDRESS CITY-ST-ZIP TITLE	BORTON, PAMELA K 13924 SEVENTH STREET	_	2.4 C 3.1 TI 3.2 NV 3.3 ST 3.4 C 4.1 TI 4.2 N	CITY-ST-: TLE AME TREET AL CITY-ST-: TLE	ZIP - DORESS ZIP		. ☐ Change	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	BORTON, PAMELA K 13924 SEVENTH STREET	_	2.4 C 3.1 TI 3.2 NV 3.3 ST 3.4 C 4.1 TI 4.2 N 4.3 ST	CITY-ST-: TILE AME TREET AL CITY-ST-: TILE LAME	ZIP DORESS ZIP DDRESS		. ☐ Change	
STREET ADDRESS CITY-ST-ZIP TITLE NAME	BORTON, PAMELA K 13924 SEVENTH STREET	_	2.4 C 3.1 TI 3.2 NJ 3.3 ST 3.4 C 4.1 TI 4.2 N 4.3 ST 4.4 CI	CITY-ST-ITLE AME TREET AI CITY-ST-ITLE IAME TREET AI TREET AI	ZIP DORESS ZIP DDRESS		. ☐ Change	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	BORTON, PAMELA K 13924 SEVENTH STREET	☐ DELETE	2.4 C 3.1 TI 3.2 NJ 3.3 ST 3.4 C 4.1 TI 4.2 N 4.3 ST 4.4 CI	CITY-ST-J TLE AME TREET AL CITY-ST-J TLE LAME TREET AL ITY-ST-Z	ZIP DORESS ZIP DDRESS		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	BORTON, PAMELA K 13924 SEVENTH STREET	☐ DELETE	2.4 C 3.1 TI 3.2 NV 3.3 ST 3.4 C 4.1 TI 4.2 N 4.3 ST 4.4 CI 5.1 TI 5.2 NV	CITY-ST-J TLE AME TREET AL CITY-ST-J TLE LAME TREET AL ITY-ST-Z	ZIP DDRESS ZIP DDRESS		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	BORTON, PAMELA K 13924 SEVENTH STREET	☐ DELETE	2.4 C 3.1 TI 3.2 N 3.3 SI 3.4 C 4.1 TI 4.2 N 4.3 SI 4.4 CI 5.1 TI 5.2 N 5.3 SI	CITY-ST-ITLE AME TREET AI CITY-ST-ITLE LAME TREET AI ITY-ST-Z TTLE AME	ZIP DDRESS ZIP DDRESS ZIP DDRESS DDRESS		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	BORTON, PAMELA K 13924 SEVENTH STREET	☐ DELETE	2.4 C 3.1 TI 3.2 N 3.3 SI 3.4 C 4.1 TI 4.2 N 4.3 SI 4.4 CI 5.1 TI 5.2 N 5.3 SI	CITY-ST-ZITLE AME TREET AI CITY-ST-ZITLE AME TREET AI TTY-ST-ZITLE AME TREET AI TTY-ST-ZITLE TREET AI TTY-ST-ZITLE TREET AI TTY-ST-ZITLE	ZIP DDRESS ZIP DDRESS ZIP DDRESS DDRESS		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	BORTON, PAMELA K 13924 SEVENTH STREET	☐ DELETE	2.4 C 3.1 TI 3.2 NV 3.3 SI 3.4 C 4.1 TI 4.2 N 4.3 SI 4.4 CI 5.1 TI 5.2 NV 5.3 SI 5.4 CI	CITY-ST-Z TILE AME TREET AL TITLE LAME TREET AL TITY-ST-Z TILE AME TREET AL TITY-ST-Z TILE TREET AL TITY-ST-Z TILE	ZIP DDRESS ZIP DDRESS ZIP DDRESS DDRESS		☐ Change ☐ Change	Addition

6.4 CITY-ST-ZIP 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:

