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

DOCUMENT # P98000036424 1. Corporation Name

BINGHAM BROTHERS, INC.

Principal Place of Business

Mailing Address

2a. Mailing Address

3862 CENTRAL AVE STE A ST PETERSBURG FL 33711

2. Principal Place of Business

3862 CENTRAL AVE STE A ST PETERSBURG FL 33711

FILED May 06, 1999 8:00 am Secretary of State

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DO NOT WRITE IN THIS SPACE

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Applied For

3. Date Incorporated or Qualifed

04/20/1998

4. FEI Number

| 21 | · · · · · · · · · · · · · · · · · · · | 26 | | | 59-3503159 | No | t Applicable | |
|---|--|----------------------------------|-----------------------|--|---|-------------------|--------------|--|
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | 5. Certifcate of Status Desired | \$8.75 A | | |
| 22 | | 27 | | | | | | |
| City & State City & State 28 | | | | 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees | | | | |
| Zip | | | Country | | 8. This corporation owes the current year | r Intangible | | |
| 24 | 25 | 29 30 | 0 | | Personal Property Tax. Yes □No | | | |
| 9. Name and Address of Current Registered Agent | | | | | 10. Name and Address of New Registe | red Agent | | |
| | | | 81 | Name | | | | |
| BINGHAM, DAVID L 3862 CENTRAL AVE STE A ST PETERSBURG FL 33711 | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | | | | Silest Address (1.5. Box Hullips: 1. The | | | | |
| | | | | | | | | |
| · | | | | City | | 85 Zip (| | |
| | | | | _ | • | -L | | |
| 11. Pursuant | to the provisions of Sections 607.0502 | and 607.1508, Florida Statutes | , the above | -named corp | poration submits this statement for the purpos | e of changing its | registered | |
| office or n | egistered agent, or both, in the State o m familiar with, and accept the obligati | of Florida. Such change was auth | horized by | the corporati | ion's board of directors. I hereby accept the a | ppointment as re- | gistered | |
| | | , - | | | | | | |
| SIGNATURE Signature, typed or pnnted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when revistating) DATE | | | | | | | | |
| 12. | OFFICERS ANI | | 13. | | ADDITIONS/CHANGES TO OFFICER | | | |
| TITLE | PD | ☐ DELETE | 1.1 TITLE | | | ☐ Change | Addition | |
| NAME | BINGHAM, DAVID | | 1.2 NAME | | | | | |
| STREET ADDRESS | 8129 23 AVE NO | | 1.3 STREE | ADDRESS | • | | | |
| CITY-ST-ZIP | ST PETERSBURG FL 33710 | | 1.4 CITY-S | r-zip | | | C Addition | |
| TITLE | VD | ☐ DELETE | 2.1 TITLE | | | Change | ☐ Addition | |
| NAME | BINGHAM, DAVID | | 2.2 NAME | | | | | |
| STREET ADDRESS | 8129 23 AVE NO | | 2.3 STREE | ADDRESS | | | | |
| CITY-ST-ZIP | ST PETERSBURG FL 33710 | | 2. 4 CITY- S | T-ZIP | | | <u> </u> | |
| TITLE | STD | ☐ DELETE | 31 TITLE | | | Change | Addition | |
| NAME | BENEDICT, CONNIE J | | 3.2 NAME | | | | | |
| STREET ADDRESS | 8129 23 AVE NO | | 3.3 STREE | ADDRESS | | | | |
| CITY-ST-ZIP | ST PETERSBURG FL 33710 | | 3.4. CITY-S | T-ZIP | | ☐ Change | [*] Addition | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | | □ change | _ Addition | |
| NAME | | | 4. 2 NAME | | | | | |
| STREET ADDRESS | | | | ADDRESS | | | | |
| CITY-ST-ZIP | | □ DELETE | 4.4 CITY-S | r-ZIP | | Change | Addition | |
| TITLE | | ☐ DELETE | 5.1 TITLE 5.2 NAME | | | Change | | |
| NAME | | | | T ADDDEDO | | | | |
| STREET ADDRESS | | | | ADDRESS | | | | |
| CITY-ST-ZIP | | | 5.4 CITY-S | 1-ZIP | | Charge | Addition | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | | ☐ Change | L.J Addition | |
| NAME | | | 6.2 NAME | | | | | |
| STREET ADDRESS | | | 6.3 STREET | | | | | |
| CITY-ST-ZIP | | 1 11 - my - d | 6.4 CITY-S | | Casting 440 07/2/6) Florido Statutos I furtho | | | |

nereby 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 informational 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 or plan attackment with an address, with all other like empowered.

SIGNATURE:

OF SIGNING OFFICER OR DIRECTOR