Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90059 014 ***150.00

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 # \$43085

THE BRO	DEUR SALES COMPANY, I	NC.							
Principal Place of Business Mailing Address						- -	IST BILL BISH ST	Offi Oldili Offili Oli	9)1 BJBH 1881
4622 WADHAM LANE 4622 WADHAM LANE									
JACKSONVILLE FL 32210 JACKSONVILLE FL 32210									
						DO NOT WR		SPACE	
						 Date Incorporated or Qualifed 04/03/1991 			
2. Principal Pl	ace of Business	2a. Mailing Address				4, FEI Number			died For
21		26				59-3069722			Applicable
Suite, Apt. #, etc. Suite, Apt. #,			-			5. Certificate of Status Desired		\$8.75 A	
22		27						Fee Red	
City & State	e	City & State				6. Election Campaign Financing Trust Fund Contribution		\$5.00 i Added to	•
Zip	Country	Žip	Count	ry		8. This corporation owes the cur	rent year Int	angible	_
24	25	29 30				Personal Property Tax.		☐ Yes	□No
	9. Name and Address of Current	t Registered Agent				10. Name and Address of New	Registered	Agent	
			8	1 Nam	ne				Ì
BRODEUR, MARGARET C.			8	2 Stre	et Addre	ss (P.O. Box Number is Not Accept	able)		_
4622 WADHAM LANE			L.						_
JACK	SONVILLE FL 32210		8	3					ſ
			9	84 City			85 Zip C	Code	
\$ P	the state of the second second second	***		' '			FL	.	
11. Pursuant office or reagent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	2 and 607.1508, Florida Statutes, the forida. Such change was author alons of, Section 607.0505, Florida:	ne abo rized b Statute	ove-name by the co es.	ed corpo orporation	ration submits this statement for the o's board of directors. I hereby acce		changing its ntment as reg	registered gistered
0.010.110.12	Signature, typed or printed name of registered agen			gent signatu	ure required	when reinstating)	DATE		**
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTOI	RS IN 12
TITLE	PD		1.1 TITLE					□ change	☐ Addition
NAME	BRODEUR, RICHARD		1.2 NAME		l l				ļ
STREET ADDRESS	4622 WADHAM LANE		1.3 STRE	ET ADORE	SS				
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY						- Addition
TITLE	SD	☐ DELETE	2.1 TITLE					☐ Change	Addition
NAME	REILLY, MARY B. C.	[3	2.2 NAME		1.				ļ
STREET ADDRESS	9127 RUNNYMEADE ROAD	<u>_</u>	2.3 STREET ADD		SS				
C/TY+ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP		1		·		
TITLE	TD	☐ DELETE	3.1 TITLE		f			☐ Change	☐ Addition
NAME	BRODEUR, RICHARD H. JR.		3.2 NAME						
STREET ADDRESS	5568 LAMOYA AVENUE S-14		3.3 STREET		ss				
CITY-ST-ZIP	JACKSONVILLE FL		3.4. CITY-ST-						
TILE		☐ DELETE	4.1 TITLE					☐ Change	☐ Addition
NAME			4. 2 NAME						
STREET ADDRESS		1	4.3 STREE		ss	•			}
CITY-ST-ZIP	4.4		4.4 CITY-ST-ZIP						
TITLE	☐ DELETE 5.1		5.1 TITLE					☐ Change	☐ Addition
NAME			5.2 NAME	E					ļ

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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZiP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNING OFFICER OR DIRECTOR

DELETE

☐ Change

Addition