

**FILED**  
**May 13, 1999 8:00 am**  
**Secretary of State**

05-13-1999 90049 020 \*\*\*\*61.25

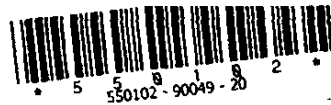
**NONPROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Morris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 726615**  
 1. Corporation Name  
**THE PALM COAST BUCKET BRIGADE, INC.** ✓

Principal Place of Business Mailing Address  
**PALM COAST PARKWAY**  
**POST OFFICE BOX 350048**  
**PALM COAST FL 32135-0048**



21. Suite, Apt. #, etc.	26. Mailing Address <b>P.O. Box 353676</b>	3. Date Incorporated or Qualified
22. City & State	27. Suite, Apt. #, etc.	4. FEI Number <b>59-3414199</b> ✓
23. Zip	28. City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24. Country	29. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
25. Country	30. Country	

9. Name and Address of Current Registered Agent <b>GERARD FORTE</b> <b>55 BRADMORE LANE</b> <b>PALM COAST FL 32137</b>	10. Name and Address of New Registered Agent 81. Name <b>JULES KWIATKOWSKI</b> 82. Street Address (P.O. Box Number is Not Acceptable) <b>7-BASSETT LN.</b> 83. City <b>PALM COAST</b> Zip Code <b>32137</b> 84. City <b>PALM COAST</b> FL 85. Zip Code <b>32137</b>
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.  
 SIGNATURE Jules Kwiatkowski **JULES KWIATKOWSKI** DATE **5/1/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>HOWARD PEIFFER</b> <input checked="" type="checkbox"/> DELETE <b>46-COMORANT CT</b> <b>PALM COAST FL 32137</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>PRESIDENT - Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>JULES KWIATKOWSKI</b> <b>7 BASSETT LANE</b> <b>PALM COAST FL 32137</b>
TITLE <b>D</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>CONSTANCE MOORE</b> <input checked="" type="checkbox"/> DELETE <b>46-BLAIRSVILLE DR</b> <b>PALM COAST FL 32137</b>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>VICE PRESIDENT Director</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>BRIAN McNULTY</b> <b>23 BARKLEY LANE</b> <b>PALM COAST FL 32137</b>
TITLE <b>SD</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>HENRY GENSCHE</b> <input checked="" type="checkbox"/> DELETE <b>44-WOODFIELD DR.</b> <b>PALM COAST FL 32137</b>	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>SECRETARY Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>LARRY RUGGIERI</b> <b>89 FOSTER LANE</b> <b>PALM COAST FL 32137</b>
TITLE <b>PD</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>EIVA LEE</b> <input checked="" type="checkbox"/> DELETE <b>1 BISCAYNE PLACE</b> <b>PALM COAST FL 32137</b>	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<b>TREASURER Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>EIVA LEE</b> <b>1 BISCAYNE PLACE</b> <b>PALM COAST FL 32137</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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 files empowered.

SIGNATURE: Jules Kwiatkowski **JULES KWIATKOWSKI** DATE **4/24/99** (904) 445-7305  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **EIVA LEE** DATE \_\_\_\_\_ DAYING PHONE # \_\_\_\_\_

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