**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 25, 1999 8:00 am Secretary of State

04-25-1999 90044 028 \*\*\*150.00

DOCUMENT # K42709 1. Corporation Name 1809 BRANDON, INC. Principal Place of Business Mailing Address 203 PROVIDENCE RD 203 PROVIDENCE RD BRANDON FL 33511 BRANDON FL 33511 DO NOT WRITE IN THIS SPACE US 3. Date Incorporated or Qualifed 11/01/1988 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 59-2919774 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired П Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing  $\Box$ Added to Fees Trust Fund Contribution 28 23 Country Zip This corporation owes the current year Intangible Country ☐ Yes □No 30 Personal Property Tax. 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent ANDERSON, JOANNE Street Address (P.O. Box Number is Not Acceptable) 82 203 PRIVIDENCE RD **BRANDON FL 33511** 83 84 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Change ☐ Addition □ DELETE 1.1 TITLE TITLE ANDERSON, JOHN 12 NAME NAME 203 PROVIDENCE RD. 1.3 STREET ADDRESS STREET ADDRESS **BRANDON FL** 1.4 CITY-ST-ZIP CITY-ST-ZIF Addition ☐ Change DELETE 2.1 TITLE TITLE ANDERSON, JOANNE 2.2 NAME NAME 203 PROVIDENCE RD 2.3 STREET ADDRESS STREET ADDRESS **BRANDON FL** 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 3.1 TITLE ۷P TITLE DUREIKO, JOSEPH 3.2 NAME NAME 203 PROVIDENCE ROAD 3.3 STREET ADDRESS STREET ADDRESS **BRANDON FL** 3.4. CITY-ST-ZIP CITY-ST-ZIF Change Addition ☐ DFLETE 4.1 TITLE TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 6.1 TITLE ☐ Change ☐ Addition TITLE 6.2 NAME NAME

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 obanged, or on an attachme an address, with all other like empower

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP