

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Gilda B. McArthur
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 PM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 215293 (2)
1. Corporation Name
VANBROWN INC

Principal Place of Business Mailing Address
**W A VANMORTWICK
710 LOMAX ST
JACKSONVILLE FL 32204-4098**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
09/09/1958 **01/25/1994**

4. FEI Number Applied For
59-6082147 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.037 Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

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24 25 29 30

9. Name and Address of Current Registered Agent

**STOKES, JOSEPH B. JR., M.D.
710 LOMAX STREET
JACKSONVILLE FL 32203**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 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 officer 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	LEWIS, RICHARD H
STREET ADDRESS	710 LOMAX STREET
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	VD
NAME	SAPOLSKY, JACK L.
STREET ADDRESS	710 LOMAX STREET
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	SD
NAME	WHITTAKER, JOHN R.
STREET ADDRESS	710 LOMAX STREET
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	TD
NAME	BURT, JAMES N.
STREET ADDRESS	710 LOMAX STREET
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	D
NAME	CRUM, PAUL M.
STREET ADDRESS	710 LOMAX STREET
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	D
NAME	BALDOCK, JAMES A.
STREET ADDRESS	710 LOMAX STREET
CITY - ST - ZIP	JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	
1 3 STREET ADDRESS	
1 4 CITY - ST - ZIP	
2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME	
2 3 STREET ADDRESS	
2 4 CITY - ST - ZIP	
3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME	
3 3 STREET ADDRESS	
3 4 CITY - ST - ZIP	
4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4 2 NAME	
4 3 STREET ADDRESS	
4 4 CITY - ST - ZIP	
5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5 2 NAME	
5 3 STREET ADDRESS	
5 4 CITY - ST - ZIP	
6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6 2 NAME	
6 3 STREET ADDRESS	
6 4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information included 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or in an attachment with an address.

SIGNATURE: *James A. Baldock* **4/27/95**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR