05071999-90046-032-$150.00-$150.00

215293

FILED

00 JUL 10 PM 4:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 215293

1. Corporation Name
VANBROWN INC

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

RETINSTATEMENT 99-00

DO NOT WRITE ABOVE THIS LINE

3. Date Incorporated or Qualified
09/09/1958

4. FEI Number
59-6082147
☐ Applied For
☐ 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

7. This corporation owes the current year tangible Personal Property Tax. ☐ Yes ☐ No

21. Principal Place of Business	22. Suite, Apt. #, etc.	23. City & State	24. Zip	25. Country

26. Mailing Address	27. Suite, Apt. #, etc.	28. City & State	29. Zip	30. Country

9. Name and Address of Current Registered Agent

BURT, JAMES N M.D.
710 LOMAX STREET
JACKSONVILLE FL 32204

10. Name and Address of New Registered Agent

81 Name: WHITTAKER, JOHN R. M.D.
82 Street Address (P.O. Box Number is Not Acceptable): 710 LOMAX STREET
83
84 City: JACKSONVILLE FL 85 Zip Code: 32204

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 _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when reinstating)

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		☒ Change ☐ Addition
1.1 TITLE	PD	
1.2 NAME	WHITTAKER, JOHN R.	
1.3 STREET ADDRESS	710 LOMAX ST.	
1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32204	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME	100003329411	
2.3 STREET ADDRESS	-07/28/00--01060--002	
2.4 CITY-ST-ZIP	****750 ☐ Change ☐ Addition 50.00	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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.

SIGNATURE: _____ 7-28-00 _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

5/26