FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **265027** **(3)**

1. Corporate Name
W. GORDON BROWN ASSOCIATES, INC.

Principal Place of Business: 4744 16TH AVE N, ST PETERSBURG FL 33713

Mailing Address: 4744 16TH AVE N, ST PETERSBURG FL 33713

3. Date Incorporated or Qualified: 12/04/1962
3a. Date of Last Report: 01/24/1995
4. FEI Number: 59-0994754 [ ] 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
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes [ ] Yes [✓] No

2. Principal Place of Business | 2a. Mailing Address
21 | 26
Suite, Apt. # etc. | Suite, Apt. # etc.
22 | 27
City & State | City & State
23 | 28
Zip 24 | Country 25 | Zip 29 | Country 30

9. **Name and Address of Current Registered Agent**

BROWN, W GORDON
4744 16TH AVE N
ST PETERSBURG FL 33713

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 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: *W. Gordon Brown W. Gordon Brown* DATE: *June 24, 1996*

12. OFFICERS AND DIRECTORS

Title	Name / Address	
PD	BROWN, W. GORDON 4744-16TH AVE N ST PETERSBURG FL	[ ] DELETE
SD	BORWN) MARY JANE 4744-16TH AVE N ST PETERSBURG FL	[ ] DELETE
		[ ] DELETE
		[ ] DELETE
		[ ] DELETE
		[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE / 1 NAME / 1 STREET ADDRESS / 1 CITY-ST-ZIP		[ ] Change	[ ] Addition
2 TITLE / 2 NAME / 2 STREET ADDRESS / 2 CITY-ST-ZIP	*BROWN*	[ ] Change	[ ] Addition
3 TITLE / 3 NAME / 3 STREET ADDRESS / 3 CITY-ST-ZIP		[ ] Change	[ ] Addition
4 TITLE / 4 NAME / 4 STREET ADDRESS / 4 CITY-ST-ZIP		[ ] Change	[ ] Addition
5 TITLE / 5 NAME / 5 STREET ADDRESS / 5 CITY-ST-ZIP		[ ] Change	[ ] Addition
6 TITLE / 6 NAME / 6 STREET ADDRESS / 6 CITY-ST-ZIP		[ ] Change	[ ] 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 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.

SIGNATURE: *W. Gordon Brown W. Gordon Brown* *1-24-96* *813-327-7479*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)