

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$55.00**

**FILED**  
**May 05 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortha</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000014649 (5)**  
 1. Corporation Name  
**BROUNLEY ASSOCIATES, INC.**



Principal Place of Business <b>7381 114TH AVE N #409 LARGO FL 34643</b>	Mailing Address <b>7381 114TH AVE N #409 LARGO FL 34643</b>
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DO NOT WRITE IN THIS SPACE

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

<b>3.</b> Date Incorporated or Qualified <b>02/23/1994</b>	
<b>4.</b> FEI Number <b>59-3265583</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
<b>8.</b> This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

**ROWE, JAMES C**  
**100 2ND AVE S**  
**SUITE 400N**  
**ST PETERSBURG FL 33701**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City <b>FL</b> <b>85</b> 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) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	VP	<input type="checkbox"/> DELETE
NAME	BROUNLEY, ROBERT W.	
STREET ADDRESS	7381 114TH AVE N STE 409	
CITY-ST-ZIP	LARGO FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	ESCHENROEDER, GARY R	
STREET ADDRESS	7381 114TH AVE N STE 409	
CITY-ST-ZIP	LARGO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ESCHENROEDER, EDWARD	
STREET ADDRESS	7381 114TH AVE. N STE. 409	
CITY-ST-ZIP	LARGO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FAZLIN, FAZAL	
STREET ADDRESS	7381 114TH AVE. N STE. 409	
CITY-ST-ZIP	LARGO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BROUNLEY, RICHARD W	
STREET ADDRESS	7381 114TH AVE N, #409	
CITY-ST-ZIP	LARGO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	VP OF OPERATIONS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE		
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VP OF ADMINISTRATION	<input checked="" 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	VP OF ENGINEERING	<input checked="" 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 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.

SIGNATURE: *[Handwritten Signature]* **GARY R. ESCHENROEDER**  
 VP. ADMINISTRATION 4/27/98 813-544-5583

CR2E034 (10/97)