## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000021981

**BROWN INSURANCE, INC.** 

Principal Place	of Business	Mailing Address						
1872 TAMIAMI T	FRL	1872 TAMIAMI TRL						
SUITE G		Suite G Venice FL 34293	•		DO NOT WRIT	E IN THIS SPACE		
		US		3. Date Incorporated or Qualifed				
00					03/17/1995		,	
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	Ä	oplied For	1.7
21		26			65-0567796		ot Applicable	1.572.05
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		Additional	
22		27				<del></del>	equired	
City & State	e	City & State			6. Election Campaign Financing		May Be to Fees	
23		28	Cour	ntry	Trust Fund Contribution		10 1 663	
Zip	Country	Zip	30	iiu y	This corporation owes the curre     Personal Property Tax.	Yes	□No	
24	9. Name and Address of Current	Registered Agent	1301		10. Name and Address of New R	tegistered Agent		ļ
	5. Harrie and Address of Culture			81 Name			:	
	WN, JERRY W			82 Street Addr	ess (P.O. Box Number is Not Accepta	ble)		
	? TAMIAMI TRL		ļ	BZ Sileet Addit	235 (1.0. DOX 14011100) 10 1401 1600 1600		12 . 4. 4. 4. 15 6 . 44	
SUIT			ĺ	83				ļ
VENI	ICE FL 34293			84 City	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	85 Zip	Code	1
				'		<u>FL</u>		
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607.1508, Florida Statut	tes, the al	bove-named corp	oration submits this statement for the	purpose of changing it of the appointment as r	s registered egistered	
					on a nogra of directors. Frieleby accer			l
office or re agent. I a	egistered agent, or both, in the State on familiar with, and accept the obligation	ons of, Section 607.0505, Flo			on's board of directors, Frieleby accep			ļ
agent 1 a	m familiar with, and accept the obligati	ons or, section 607.0303, Fic	orida Statu	utes.				_
SIGNATURE	m familiar with, and accept the obligation in familiar with, and accept the obligation in familiar with a second s	and title if applicable. (NOTE	orida Statu	utes.	d when reinstating)	DATE	· · ·	(86)
SIGNATURE	m familiar with, and accept the obligation of registered agent OFFICERS AND	and title if applicable. (NOTE	orida Statu	Agent signature required	d when reinstating)  ADDITIONS/CHANGES TO OF	DATE	ORS IN 12	(11/98)
SIGNATURE  12.  TITLE	in familiar with, and accept the obligation  Signature, typed or printed name of registered agent  OFFICERS AND  PS	and title if applicable. (NOTE	Registered	Agent signature required	d when reinstating)	DATE FICERS AND DIRECT	ORS IN 12	34 (11/98)
SIGNATURE  12.  TITLE  NAME	Signature, typed or printed name of registered agent OFFICERS AND PS BROWN, JERRY W	and title if applicable. (NOTE	Registered 13. 1.1 TH	Agent signature required	d when reinstating)  ADDITIONS/CHANGES TO OF	DATE FICERS AND DIRECT	ORS IN 12	E034 (11/98)
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND PS BROWN, JERRY W 1872 TAMIAMI TRL, SUITE G	and title if applicable. (NOTE	E: Registered  13. 1.1 III 1.2 NA 1.3 ST	Agent signature required TLE	d when reinstating)  ADDITIONS/CHANGES TO OF	DATE FICERS AND DIRECT Change	ORS IN 12	R2E034 (11/98)
SIGNATURE  12.  TITLE  NAME	Signature, typed or printed name of registered agent OFFICERS AND PS BROWN, JERRY W	and title if applicable. (NOTE	E: Registered  13. 1.1 III 1.2 NA 1.3 ST	Agent signature required  FLE  MME  TREET ADDRESS  TY-ST-ZIP	d when reinstating)  ADDITIONS/CHANGES TO OF	DATE FICERS AND DIRECT	ORS IN 12	CR2E034 (11/98)
SIGNATURE  12.  TITLE NAME  STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND PS BROWN, JERRY W 1872 TAMIAMI TRL, SUITE G VENICE FL 34293	and title if applicable. (NOTE  D DIRECTORS	: Registered 13. 1.1 TII 1.2 NA 1.3 ST 1.4 CI	Agent signature required  TLE  AME  TREET ADDRESS  TY-ST-ZIP  TLE	d when reinstating)  ADDITIONS/CHANGES TO OF	DATE FICERS AND DIRECT Change	ORS IN 12	CR2E024 (11/98)
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS AND PS BROWN, JERRY W 1872 TAMIAMI TRL, SUITE G VENICE FL 34293 VPT	and title if applicable. (NOTE  D DIRECTORS	22 NA	Agent signature required  TLE  AME  TREET ADDRESS  TY-ST-ZIP  TLE	d when reinstating)  ADDITIONS/CHANGES TO OF	DATE FICERS AND DIRECT Change	ORS IN 12	CR2F034 (11/98)
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND PS BROWN, JERRY W 1872 TAMIAMI TRL, SUITE G VENICE FL 34293 VPT BROWN, DENISE A	and title if applicable. (NOTE DIRECTORS DELETE	2: Registered 13. 1.1 TH 1.2 NA 1.3 ST 1.4 CI 2.1 TH 2.2 NA 2.3 ST 3.5 ST 1.4 CI 2.1 TH 2.2 NA 2.3 ST 3.5 ST 1.4 CI 2.1 TH 2.2 NA 2.3 ST 3.5 S	Agent signature required  TLE  AME  REET ADDRESS  TY-ST-ZIP  TLE  AME	d when reinstating)  ADDITIONS/CHANGES TO OF	DATE FICERS AND DIRECT Change	ORS IN 12 Addition	CR2E034 (11/98)
Agent. 1 at SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND PS BROWN, JERRY W 1872 TAMIAMI TRL, SUITE G VENICE FL 34293 VPT BROWN, DENISE A 1872 TAMIAMI TRL, SUITE G	and title if applicable. (NOTE  D DIRECTORS	2: Registered 13. 1.1 TH 1.2 NA 1.3 ST 1.4 CI 2.1 TH 2.2 NA 2.3 ST 3.5 ST 1.4 CI 2.1 TH 2.2 NA 2.3 ST 3.5 ST 1.4 CI 2.1 TH 2.2 NA 2.3 ST 3.5 S	Agent signature required  TLE  AME  TREET AODRESS  TY-ST-ZIP  TLE  AME  TREET ADDRESS  ITY-ST-ZIP	d when reinstating)  ADDITIONS/CHANGES TO OF	DATE FICERS AND DIRECT Change	ORS IN 12 Addition	CR2E034 (11/98)
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND PS BROWN, JERRY W 1872 TAMIAMI TRL, SUITE G VENICE FL 34293 VPT BROWN, DENISE A 1872 TAMIAMI TRL, SUITE G	and title if applicable. (NOTE DIRECTORS DELETE	### 13. ### 1.3 ST 1.4 CF 2.1 TH 2.2 NA 2.3 ST 2.4 C 3.1 TH 3.2 NA 2.3 ST 2.4 C 3.1 TH 3.2 NA 2.3 ST 2.4 C 3.1 TH 3.2 NA 2.3 ST 3.3 NA 2.4 C 3.4	Agent signature required  Agent signature required  AME  TREET ADDRESS  TY-ST-ZIP  TLE  AME  TREET ADDRESS  ITY-ST-ZIP  TLE  AME  AME	d when reinstating)  ADDITIONS/CHANGES TO OF	DATE FICERS AND DIRECT Change	ORS IN 12 Addition	CR2E034 (11/98)
Agent. I aid SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS AND PS BROWN, JERRY W 1872 TAMIAMI TRL, SUITE G VENICE FL 34293 VPT BROWN, DENISE A 1872 TAMIAMI TRL, SUITE G	and title if applicable. (NOTE DIRECTORS DELETE	### 13. ### 1.3 ST 1.4 CP 2.1 TII 2.2 NA 2.3 ST 2.4 CP 3.3 ST 3.4 ST 3.3	Agent signature required  Agent signature required  TLE  AME  TREET ADDRESS  TY-ST-ZIP  TLE  AME  TREET ADDRESS  TY-ST-ZIP  TLE  AME  TREET ADDRESS	d when reinstating)  ADDITIONS/CHANGES TO OF	DATE FICERS AND DIRECT Change	ORS IN 12 Addition	CR2E034 (11/98)
Agent. 1 ai SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND PS BROWN, JERRY W 1872 TAMIAMI TRL, SUITE G VENICE FL 34293 VPT BROWN, DENISE A 1872 TAMIAMI TRL, SUITE G	and title if applicable. (NOTE D DIRECTORS DELETE DELETE	E: Registered  13. 1.1 TII 1.2 NA 1.3 ST 1.4 CT 2.1 TII 2.2 NA 2.3 ST 2.4 CC 3.1 TIT 3.2 NA 3.3 ST 3.4 CC	Agent signature required  Agent signature required  TLE  AME  TREET ADDRESS  TY-ST-ZIP  TLE  AME  TREET ADDRESS  TY-ST-ZIP  TLE  AME  TREET ADDRESS  TY-ST-ZIP  TLE  TREET ADDRESS  TY-ST-ZIP	d when reinstating)  ADDITIONS/CHANGES TO OF	DATE FICERS AND DIRECT Change	ORS IN 12  Addition  Addition	CR2E034 (11/98)
Agent. Tai SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS AND PS BROWN, JERRY W 1872 TAMIAMI TRL, SUITE G VENICE FL 34293 VPT BROWN, DENISE A 1872 TAMIAMI TRL, SUITE G	and title if applicable. (NOTE DIRECTORS DELETE	### 13. ### 1.3 ST   1.4 CF   2.1 TH   2.2 NA   2.3 ST   2.4 CF   3.3 ST   3.4 CF   4.1 TH   3.4 ST   3.4 CF   4.1 TH   3.5 ST   3.5 ST   3.4 CF   4.1 TH   3.5 ST   3.5 ST   3.4 CF   4.1 TH   3.5 ST	Agent signature required  TLE  AME  TREET ADDRESS  TY-ST-ZIP  TLE  AME  TREET ADDRESS  ITY-ST-ZIP  TLE  AME  TREET ADDRESS  ITY-ST-ZIP  TLE  TLE  TLE  TLE  TLE  TLE  TLE  TL	d when reinstating)  ADDITIONS/CHANGES TO OF	DATE FICERS AND DIRECT Change	ORS IN 12  Addition  Addition	CR2E034 (11/98)
Agent. Tail SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	Signature, typed or printed name of registered agent OFFICERS AND PS BROWN, JERRY W 1872 TAMIAMI TRL, SUITE G VENICE FL 34293 VPT BROWN, DENISE A 1872 TAMIAMI TRL, SUITE G	and title if applicable. (NOTE D DIRECTORS DELETE DELETE	E: Registered  13. 1.1 TII 1.2 NA 1.3 ST 1.4 CC 2.1 TII 2.2 NA 2.3 ST 2.4 CC 3.1 TII 3.2 NA 4.1 TI 4.2 NA	Agent signature required  TLE  AME  TREET ADDRESS  TY-ST-ZIP  TLE  AME  IRREET ADDRESS  ITY-ST-ZIP  TLE  IRREET ADDRESS	d when reinstating)  ADDITIONS/CHANGES TO OF	DATE FICERS AND DIRECT Change	ORS IN 12  Addition  Addition	CR2E034 (11/98)
Agent. 1 au SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND PS BROWN, JERRY W 1872 TAMIAMI TRL, SUITE G VENICE FL 34293 VPT BROWN, DENISE A 1872 TAMIAMI TRL, SUITE G	and title if applicable. (NOTE D DIRECTORS DELETE DELETE	### 13 ST   1.1 TII   1.2 NA   1.3 ST   2.4 CC   3.1 TII   3.2 NA   3.3 ST   3.4 CC   4.1 TI   4.2 NA   4.3 ST   4.3 ST   4.3 ST   4.2 NA   4.3 ST   4.3 ST	Agent signature required  TLE  MME  TREET ADDRESS  TY-ST-ZIP  TLE  AME  TREET ADDRESS	d when reinstating)  ADDITIONS/CHANGES TO OF	DATE FICERS AND DIRECT Change	ORS IN 12  Addition  Addition	CR2E034 (11/98)
Agent. 1 au SIGNATURE  12.  IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND PS BROWN, JERRY W 1872 TAMIAMI TRL, SUITE G VENICE FL 34293 VPT BROWN, DENISE A 1872 TAMIAMI TRL, SUITE G	and title if applicable. (NOTE D DIRECTORS DELETE DELETE	### 13 ST   1.1 TII   1.2 NA   1.3 ST   2.4 CC   3.1 TII   3.2 NA   3.3 ST   3.4 CC   4.1 TI   4.2 NA   4.3 ST   4.3 ST   4.3 ST   4.2 NA   4.3 ST   4.3 ST	Agent signature required  TLE  AME  TREET ADDRESS  TY-ST-ZIP  TLE  AME  IRREET ADDRESS  ITY-ST-ZIP  TLE  AME  IRREET ADDRESS  ITY-ST-ZIP  TLE  AME  IRREET ADDRESS  ITY-ST-ZIP  TLE  IRREET ADDRESS  ITY-ST-ZIP  TLE  IRREET ADDRESS  ITY-ST-ZIP  TREET ADDRESS  ITY-ST-ZIP	d when reinstating)  ADDITIONS/CHANGES TO OF	DATE FICERS AND DIRECT Change	ORS IN 12  Addition  Addition	CR2E034 (11/98)
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Agent. 1 au SIGNATURE  12.  IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND PS BROWN, JERRY W 1872 TAMIAMI TRL, SUITE G VENICE FL 34293 VPT BROWN, DENISE A 1872 TAMIAMI TRL, SUITE G VENICE FL 34293	and title if applicable. (NOTE D DIRECTORS DELETE DELETE DELETE DELETE	### 13 ST   1.1 TH   1.2 NA   1.3 ST   1.4 CF   2.1 TH   2.2 NA   2.3 ST   2.4 CF   3.1 TH   3.2 NA   3.3 ST   3.4 CF   4.2 NA   4.3 ST   4.4 CF   5.1 TH   5.2 NA   5.2 TH	Agent signature required  TLE  AME  TREET ADDRESS  TY-ST-ZIP  TLE  AME  IRREET ADDRESS  ITY-ST-ZIP  TLE  AME  IRREET ADDRESS  ITY-ST-ZIP  TLE  AME  IRREET ADDRESS  ITY-ST-ZIP  TLE  IRREET ADDRESS  ITY-ST-ZIP  TLE  IRREET ADDRESS  ITY-ST-ZIP  TLE  TREET ADDRESS  ITY-ST-ZIP  TLE  TREET ADDRESS	d when reinstating)  ADDITIONS/CHANGES TO OF	DATE  FICERS AND DIRECT  Change	ORS IN 12  Addition  Addition	CR2F034 (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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

☐ Change

Addition

**FILED** 

Feb 11, 1999 8:00am

**Secretary of State** 

02-11-1999 90072 047 \*\*\*150.00