

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

**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90190 002 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000022018**

1. Corporation Name  
**BROWNING PERSONAL SERVICES, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 16920 MAHAN DRIVE TALLAHASSEE FL 32308 US	Mailing Address 16920 MAHAN DRIVE TALLAHASSEE FL 32308 US
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3. Date Incorporated or Qualified  
**03/05/1997**

2. Principal Place of Business 21 <b>16920 MAHAN DR.</b>	2a. Mailing Address 26 <b>16920 MAHAN DR</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27

4. FEI Number <b>APPLIED-FOR 65-0832605</b>	Applied For Not Applicable
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23 City & State <b>TALLAHASSEE, FLA.</b>	28 City & State <b>TALLAHASSEE, FLA.</b>
24 Zip <b>32308</b>	25 Country <b>U.S.A.</b>
29 Zip <b>32308</b>	30 Country <b>U.S.A.</b>

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 owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

**BROWNING, F. TOD**  
**16920 MAHAN DRIVE**  
**TALLAHASSEE FL 32308**

10. Name and Address of New Registered Agent

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

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 N.A. DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROWNING, GORDON F</b>	1.2 NAME	
STREET ADDRESS	<b>16920 MAHAN DRIVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32308</b>	1.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROWNING, TOD F</b>	2.2 NAME	<b>Browning, F. Tod</b>
STREET ADDRESS	<b>16920 MAHAN DRIVE</b>	2.3 STREET ADDRESS	<b>16920 MAHAN DRIVE</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL 32308</b>	2.4 CITY-ST-ZIP	<b>TALLAHASSEE, FLA 32308</b>
TITLE	<b>TS</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROWNING, PEGGY A</b>	3.2 NAME	
STREET ADDRESS	<b>16920 MAHAN DRIVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32308</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: Gordon F. Browning **Gordon F. Browning** **3-6-99** (850) 488-0295  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/1/98)