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 # **P97000022976**1. Corporation Name

JAMES BROWN BUILDERS, INC.

<u></u>	
Principal Place of Business	Mailing Address
8 009 EACT COUNTY HIGHWAY 90 A P anama City Beach FL 32413	P.O. BOX 9218 PANAMA CITY BCH FL 32417 US

FILED Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90032 002 ***150.00



DO NOT WRITE IN THIS SPACE

				03/07/1997		
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21	Sun Lane	26		59-3435078	Not Applicable	
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27	-	5. Certificate of Status Desired	Fee Required	
City & Sta		City & State		6. Election Campaign Financing	\$5.00 May Be	
23 Panan	nn Coty Bch . FL	28		Trust Fund Contribution	Added to Fees	
Zip	" Country"	Zip	Country	8. This corporation owes the current year Intar		
24 324		29 30	<u> </u>	1 Groundin roporty 1270	Yes No	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent						
RD(OWN, JAMES J		81 Name			
	9-EAST COUNTY HIGHWAY 30-4		82 Street Add	dress (P.O. Box Number is Not Acceptable)		
1 2.7.7	IAMA CITY BEACH FL 32413			Sun Lane		
L'ART	IAWA OITT BEAGITTE 32413		83			
			84 City		85 Zip Code	
			I I PAN	ama City Boh FL	32413	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes, of Florida, Such change was author	the above-named cor	poration submits this statement for the purpose of clion's board of directors. I hereby accept the appoint	hanging its registered ment as registered	
agent. I a	any familian with, and accept the obliga	itions of, Section 607.0505, Florida	Statutes.	along board of directors. Horsey assess the appearance		
SIGNATURE	/ CHERCHAN UN ZOA			3/28/99	7·	
<u> </u>	Signature, typed or printed pame of registered age		gistered Agent signature requir			
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12 [Dichange	
TITLE		☐ DELETE	1,1 TITLE	FAMES BROLON	P Change □ Addition	
NAME	BROWN, JAMES J		1.2 NAME	FAMES BROWN 11 SUN LANE		
STREET ADDRESS			1.3 STREET ADDRESS	DAMA OF ALTHOUGH EL	22111/2	
CITY-ST-ZIP	-PANAMA CITY BEACH FL 324		1.4 CITY-ST-ZIP	PANAMA CITY BCH, FL	□ Change □ Addition	
TITLE	•	☐ DELETE				
NAME	1		2.2 NAME			
STREET ADDRESS	6	٠	2.3 STREET ADDRESS			
CITY-ST-ZIP		DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE	A STATE OF THE STA	☐ Change ☐ Addition	
TITLE		□ DECE IE			Contride Contraction	
NAME	}		3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		☐ Change ☐ Addition	
NAME			4. 2 NAME			
STREET ADDRESS	,		4.3 STREET ADDRESS			
CITY-ST-ZIP	1 .		4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE	·	☐ Change ☐ Addition	
NAME	1	_ :	5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE	<u> </u>	- DELETE	6.1 TTLE		☐ Change ☐ Addition	
NAME		_	6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
JINCLI ADDRESS	4	•	SACTV ST 70			

14. I hereby certify that the information supplies 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 attact trief with an address, with all other like empowered.

SIGNATURE