## 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 # \$29836

1. Corporation Name

KEVIN BROWN CONSTRUCTION, INC.

Principal Place of Business
7120 245TH ST E MYAKKA CITY FL 34251 US

Mailing Address

7120 245TH ST E MYAKKA CITY FL 34251

## **FILED** May 05, 1999 8:00 am Secretary of State

05-05-1999 90197 011 \*\*\*150.00



US	US US						DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualifed			Ì
							02/06/1991			
<b>2</b> . F	2. Principal Place of Business 2a. Mailing Address						4. FEI Number			Applied For
21		26					<b>59-3044552</b>			Not Applicable
_	Suite, Apt. #, etc. Suite, Apt. #, etc.						- Continued State Desired		\$8.7	5 Additional
22							5. Certifcate of Status Desired		Fee	Required
	City & State City & State						6. Election Campaign Financing		\$5.6	00 May Be
23		28					Trust Fund Contribution			ed to Fees
	Zip				untry		8. This corporation owes the curr	ent vea	r Intangible	
24	-·F	25 29 30			•		Personal Property Tax.	o,,	☐ Yes	⊠No
24		9. Name and Address of Curren		130	T		10. Name and Address of New F	legiste	red Agent	
		0. 114110 - 114110 - 114110			81	Name				
	Brown, Kevin R.									
		245TH ST E			82 Street Address (P.O. Box Number is Not Acceptable)					
MYAKKA CITY FL 34251					83			_		
					84	City			85 Z	Zip Code
								_	FLII	·
11.	Pursuant t	to the provisions of Sections 607.050	2 and 607.1508, Florida Sta	tutes, the a	bove	-named c	orporation submits this statement for the	purpos	e of changing	its registered
	office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change war tions of, Section 607,0505. I	s authorize Florida Stat	a by tutes.	tne corpor	ation's board of directors. I hereby accep	it tile al	politonent as	s registered
SIG	NATURE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
		Signature, typed or printed name of registered ager				t signature rec	juired when reinstating)	DĂTE		OTODO IN 40
12.		OFFICERS AND DIRECTORS 13				ADDITIONS/CHANGES TO OF	FICERS			
TITLE	: (	DP	☐ DELETE	1.1 T	ITLE				☐ Chan	ge 🔲 Addition
NAME	E	Brown, Kevin R.		1.2 N	IAME	i				
STRE	ET ADDRESS			1.3 S	1.3 STREET ADDRESS					
CITY-	-ST-ZIP	MYAKKA CITY FL 34251	1.4		ITY-SI	r-ZIP				
TITLE		DST □ DELETE 2.1 TI		ITLE				☐ Chan	ige 🗌 Addition	
NAME	=	BROWN, ANNETTE M.		2.2 N	IAME					
	ET ADDRESS	7120 245TH ST E		238	TREET	AODRESS				-
	MYAKKA CITY FL 34251			2.40		~ ·				
TITLE				3.1 T		1-24	VP		☐ Chan	ge 🖾 Addition
l			C 5222.#	•	IAME		Michael L. Miller			
NAME										
STRE	ETADORESS					ADDRESS	1713 Nelda Lane	_		
	ST-ZIP				CITY-S	T-ZIP	Sarasota, FL 3423	2	☐ Chan	nge Addition
TITLE	:		☐ DELETE	41 T	TILE					ige Li Modilion
NAME	E			•	NAME					İ
STRE	ETADORESS			4.3 S	TREET	ADDRESS				
CITY-	-ST-ZIP			4.4 0	CITY-S	r-ziP				
TITLE			☐ DELETE	5.1 T	TLE	T			Chan	nge 🗌 Addition
NAME	E			5.2 N	IAME					1
	ET ADORESS			5.3 S	TREET	ADORESS				
1	i			5.4 0	TY-S	T-Z)P				i
TITLE	-ST-ZIP		☐ DELETE	6.1 T					☐ Chan	ge Addition
````LE				1					_	
				6.2 N	<b>LAME</b>	ļ				ı
NAME	E			<b>I</b> -	_	ANDRESS				
				6.3 S	_	ADDRESS				

I necess certify that the information supplies with this fitting does not quality for the exemption stated in Section 1.13.07(3)(f), Florida Statutes. If the certify that if a minimal 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: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR