FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

SIGNATURE:

(7)

DOCUMENT #

1. Corporation Name

DAVID C. BROWN REALTY, INC. Principal Place of Business Mailing Address 2665 OAK RIDGE COURT 2665 OAK RIDGE COURT						
FORT MYERS US		FORT MYERS FL 33901 US				Date Incorporated or Qualified
						04/29/1991 04/04/1995
2. Principal Place	ce cif Business	2a. Mailing Address 26				4. FEI Number Applied For 65-0255890 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired Status Desired Fee Required
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
Zip	Country	Zip 29	Cour	ntry		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes X Yes □ No
24	25 Name and Address of Currer		J 3 0)			10. Name and Address of New Registered Agent
				81	Name	
Brown, David C 2665 Oak Fidge Court Ft Myers Fl 33901				62	Street Addre	ass (P.O. Box Number is Not Acceptable)
			-	83		
11 111121	10 12 00001			84	City	FL 85 Zip Code
11 Dureupot to	the provisions of Sections 607 050	2 and 607 1508. Florida Statute	s. the abo	ve-n	named corpora	ation submits this statement for the number of changing its registered office
or registers	ed agent, or both, in the State of Flor h, and accept the obligations of, Sec	ida. Such chance was authorize	ad by the c	orpo	oration's board	d of directors. Thereby accept the appointment as registered agent. I am
SIGNATURE -	Signature, typed or printed name of registered agen	t and title if applicable (NO)	TE Ragistered	Apen	nt signature required	when renstating) DATE
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DE COMPANIE DAVID C	☐ DELETE	1.11			Change Addition
NAME	Brown, David C 2665 Oak Ridge Court			1.2 NAME 1.3 STREET ADDRESS		
STREET ADDRESS	FT MYERS FL		1.3 STREET AUG		i	
CITY-ST-ZIP TITLE				2 1 TITLE		☐ Change ☐ Addition
NAME		–	2 2 N/	2 2 NAME		
STREET ADDRESS			2351	REET	ADDRESS	
CITY - ST- ZIP			24 CI	TY-S	ST-ZIP	
THILE		☐ DELETE	3. 1 TITU			☐ Change ☐ Addition
NAME			3.2 NAME			
STREET ANDRESS			3.3 STREET ADDRESS		j,	
CITY - ST - ZIP	DELETE			3.4 C/TY - ST - Z/P 4. 1 T/TLE		☐ Change ☐ Addition
TITLE !				4.2 NAME		
NAME STREET ADDRESS					T ADDRESS	
CITY-ST-ZIP					ST-ZIP	
TITLE		DELETE	DELETE 5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 N	AME		
STREET ADDRESS			538	TREET	1 ADDRESS	
CITY-ST-ZIP				5.4 CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	1	6 1 TITLE		El punite. El violatori
NAME		•	6.2 N		TADDOCCO	
STREET ADDRESS					T ADDRESS	
CITY-SI-ZIP	y certify that the information supplied	with this filing is voluntarily furn	sichod and	doo	ST-ZIP es not qualify fo	or the exemption stated in Section 119.07(3)(k), Florida Statutes. I further
certify that		nual report or supplemental ann poration or the receiver or truste	e empowe			ate and that my signature shall have the same legal effect as if made under is report as required by Chapter 607, Florida Statutes; and that my name

David C Brown
TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David C Brown

4-22-96

941 275-3411

Date Baytime Prione #