

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Suzanne B. Northrup
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # **P93000002368 (7)**

1. Corporation Name

BROWNING SALES COMPANY, INC.

5-10-95 11:00:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**JESSE HUGHEY DR
MADISON FL 32340
US**

**P.O. BOX 688
MADISON FL 32341
US**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified
01/12/1993

3a. Date of Last Report
02/15/1994

4. FET Number

59-3161879

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

6. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BROWNING, MICHAEL G
901 W BASE ST
MADISON FL 32340**

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

Jesse Hughey Drive

03

04 City

FL

05

Zip Code

11. Pursuant to the provisions of Sections 607.0607 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 607.0607, Florida Statutes.

SIGNATURE

(Signature of Current Registered Agent or Registered Agent for the Corporation)

(Signature of Registered Agent or Officer or Director of the Corporation)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

01 TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

**P
BROWNING, MICHAEL G
RT 3 NA
MADISON FL**

01 TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

☒ Change ☐ Addition
Jesse Hughey Dr.

02 TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

**VST
BROWNING, MARK
PINCKNEY STR
MADISON FL**

02 TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

☒ Change ☐ Addition
Franklin Dr.

03 TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

03 TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

☐ Change ☐ Addition
32340

04 TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

04 TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

☐ Change ☐ Addition

05 TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

05 TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

☐ Change ☐ Addition

06 TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

06 TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

☐ Change ☐ Addition

07 TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

07 TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 131.01(2)(b), Florida Statutes. I further certify that the information indicated on the 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 appointed to oversee this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Mark Browning

Mark Browning

5-10-95

704-773-6896

SIGNATURE AND PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR