


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

FILED
Mar 26, 1999 8:00 am
Secretary of State

03-26-1999 90017 002 ***150.00

0035750

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 145160					
1. Corporation Name CONNOR BROWN COMPANY					
Principal Place of Business 4250 LAKESIDE DRIVE STE 208 JACKSONVILLE FL 32210 US			Mailing Address P.O. BOX 22 ORTEGA STATION JACKSONVILLE FL 32210 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/07/1945	
21		26		4. FEI Number 59-0544401	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
HELMICK, JOHN P, JR. 4250 LAKESIDE DR #208 JACKSONVILLE FL 32210				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code
FL					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	VD	<input type="checkbox"/> DELETE			
NAME	HELMICK, JOHN P				
STREET ADDRESS	4250 LAKESIDE DR #208				
CITY-ST-ZIP	JACKSONVILLE FL 32210				
TITLE	PTD	<input type="checkbox"/> DELETE			
NAME	BROWN, LILA BYRD				
STREET ADDRESS	4250 LAKESIDE DR #208				
CITY-ST-ZIP	JACKSONVILLE FL 32210				
TITLE	ASVD	<input type="checkbox"/> DELETE			
NAME	BROWN, BARRET				
STREET ADDRESS	4250 LAKESIDE DR #208				
CITY-ST-ZIP	JACKSONVILLE FL 32210				
TITLE	AV	<input type="checkbox"/> DELETE			
NAME	HELMICK, MARC A				
STREET ADDRESS	4250 LAKESIDE DRIVE #208				
CITY-ST-ZIP	JACKSONVILLE FL 32210				
TITLE	AVS	<input type="checkbox"/> DELETE			
NAME	HELMICK, CLAUDETTE B				
STREET ADDRESS	4250 LAKESIDE DRIVE #208				
CITY-ST-ZIP	JACKSONVILLE FL 32210				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
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: Barrett Brown **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/22/99 904(389-7340)
Date Daytime Phone #

CR2E034 (1/98)