

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

FILED

Feb 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 196764 (5)

1. Corporation Name
LOWRIE BROWN ENTERPRISES INC

Principal Place of Business

705 S DELANEY ST
ORLANDO FL 32801

Mailing Address

705 S DELANEY ST
ORLANDO FL 32801



3. Date Incorporated or Qualified 11/13/1956
3a. Date of Last Report 02/01/1996

2. Principal Place of Business

21 2118 W. Central Blvd.

Suite, Apt. #, etc.

22 City & State
Orlando, FL 32801

24 Zip
32805

25 Country
Orange

2a. Mailing Address

26 P.O. Box 568546

Suite, Apt. #, etc.

27 City & State
Orlando, FL

28 Zip
32856-8546

30 Country
Orange

4. FEI Number

59-0799259

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

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

9. Name and Address of Current Registered Agent

BROWN, LOWRIE W., JR.
705 S DELANEY AVE
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name Lowrie W. Brown III
82 Street Address (P.O. Box Number is Not Acceptable)
3906 S. Summerlin Ave.
83
84 City Orlando FL 85 Zip Code 32806

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

[Signature]

Lowrie W. Brown III, President

2/11/97
DATE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, LOWRIE W., JR.	
STREET ADDRESS	705 S DELANEY ST	
CITY-ST-ZIP	ORLANDO FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BROWN, MARGARET S.	
STREET ADDRESS	705 S DELANEY ST	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	BROWN, LOWRIE W. III	
STREET ADDRESS	705 S DELANEY ST	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Lowrie W. Brown III	
1.3 STREET ADDRESS	3906 S. Summerlin Ave.	
1.4 CITY-ST-ZIP	Orlando, FL 32806	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Margaret S. Brown	
2.3 STREET ADDRESS	70 W. Lucerne Circle, Apt #909	
2.4 CITY-ST-ZIP	Orlando, FL 32801	
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Mary Ann Brown	
3.3 STREET ADDRESS	3906 S. Summerlin Ave.	
3.4 CITY-ST-ZIP	Orlando, FL 32806	
4.1 TITLE	Margaret Fuller	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Director	
4.3 STREET ADDRESS	9317 Fernery Road	
4.4 CITY-ST-ZIP	Leesburg, FL 34788	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Mary Carolyn Adler	
5.3 STREET ADDRESS	1206 Jossie Lane	
5.4 CITY-ST-ZIP	McLean, VA 22102	
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 do 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.

SIGNATURE: *[Signature]* Lowrie W. Brown III, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/97 (407) 649-9767
Daytime Phone

CR2E034 (9/96)