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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 265027

(3)

W. GORDON BROWN ASSOCIATES, INC.

FILED Jan 15 1998 8:00am Secretary of State

Principal Place of Business Mailing Address								
4744 16TH AVE N 4744 16TH AVE N			00740					
ST PETERSBURG FL 33713		ST PETERSBURG FL 33713				DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified 12/04/1962		
2. Principal Plac	e of Business	2a. Mailing Address				4. FEI Number	Applied For	
21		26				59-0994754	Not Applicable	
Suite, Apt. #,	9 1C.	Surte, Apl. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	\ <u></u>	City & State				6, Election Campaign Financing	\$5.00 May Be	
23		28				Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Cou	ntry		8. This corporation owes or has paid the cure Personal Property Tax due June 30.	ent year Intangible Yes D No	
24	25 9. Name and Address of Curre	29 ent Registered Agent	30			10. Name and Address of New Registered A		
				81	Name		<u></u>	
	18TH AVE N				Street Add	dress (P.O. Box Number is Not Acceptable)		
	ETERSBURG FL 33713			82		Too (1.0. Do. Hariber to Hot Accopytation)		
				63				
				84	City		85 Zip Code	
44 Durement to	the provisions of Spatians 607 OF	02 and 602 1609 Harida Peo	dutos the st	00:4	named es-	FL		
office or reg	istered agent, or both, in the Stat	e of Herida Such change wa	as authorized	d by	the corpora	poration submits this statement for the purpose of ation's board of directors. Thereby accept the appo	ointment as registered	
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statules. SIGNATURE								
Signature, typed or profed name of registered ago of and the id applicable (INOTE Registered Agont signature required when constaining) (IASE								
TITLE	PD OFFICERS AT	DELETE	13.	 ! E	·	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12 Change	
NAME BROWN, W. GORDON			1.2 NAME					
STREET ADDRESS	4744-16TH AVE N		1.3 STREET ADDRESS		ADDRESS			
CITY-ST-ZIP	ST PETERSBURG FL		1.4 CITY · ST - ZIP		.1 - 200			
TITLE	SD		2.1 111	2.1 11111.6			Change Addition	
NAME	BROWN, MARY J		2.2 NA	ME				
STREET ADDRESS	4744-16TH AVE N				ADDRESS			
CITY-ST-ZIP TITLE	ST PETERSBURG FL	DELETE	2.4 C		S1 ZIP		Change Addition	
NAME			3 2 NA				CD enouge CD voquent	
STREET ADDRESS					ADDRESS			
CITY-ST-ZiP			3 4. CI					
TITLE			4 1 111				☐ Change ☐ Addition	
NAME			4 2 N	AME			:	
STREET ADDRESS			4 3 SI	RE{1	ADDRESS			
CITY-ST-ZIP		T ESCHETE	4 4 CI		1-7(P		F1 650000	
TITLE		L DELFTE	5 1 TIT				Change Addition	
NAME STREET ADDRESS			52 NA		AUUDICOC			
CITY-ST-ZIP			5.3 ST		ADDRESS T-ZIP		ĺ	
TITLE		DELETE	6.1 111		1- ¢ H		Change Addition	
NAME			6.2 NA				<u> </u>	
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP			6.4 CI	IY-S	1-2IP			

14. Thereby 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 og an attachment with an address.

SIGNATURE: // Souden Brown (W.GORDON FROWN) Cont 1888 813:37747