

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

FLORIDA
 ANNUAL REPORT
 1995



STATE OF FLORIDA
 DEPARTMENT OF
 REVENUE

DOCUMENT # 330927 (5)

BROWNING & SONS, INC.

Principal Office: **200 W BASE ST
 PO BOX 688
 MADISON FL 32340**
 Mailing Address: **200 W BASE ST
 PO BOX 688
 MADISON FL 32340**

3. Date Incorporated or Qualified: **06/05/1968**
 3a. Date of Last Report: **01/27/1994**
 4. FEI Number: **59-1235121**
 Applied For:
 First Applicable:
 5. Certificate of Status Directed: **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
 6. This corporation has received no information regarding 1993 State Florida Statutes: Yes No

2. Principal Name of Directors:
 21. **Jesse Hughley Drive**
 22. **Madison, FL 32340**
 23. **USA**
 2a. Mailing Address:
 24. **P.O. Box 688**
 25. **Madison, FL 32341**
 26. **USA**

9. Name and Address of Current Registered Agent:
**BROWNING, GENE R
 RT 3
 MADISON, FL
 32340**

10. Name and Address of New Registered Agent:
 81. Name:
 82. Street Address (P.O. Box Number is Not Applicable):
 83.
 84. City: **FL** 85. Zip Code:

11. Pursuant to the provisions of Sections 607.01(2)(b) and 607.01(3)(b), 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, thereby accept the appointment as registered agent. I am familiar with and accept the appointment. **Gene R Browning**, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS

OFFICER	PD BROWNING, GENE R RT 3 MADISON, FL 00000
OFFICER	DST BROWNING, MICHAEL G. ROUTE 3 MADISON, FL 00000
OFFICER	DV BROWNING, JR, G. RAY PINE RIDGE RANCH MADISON FL
OFFICER	DV BROWNING, MARK A PINCKNEY ST MADISON FL
OFFICER	
OFFICER	
OFFICER	
OFFICER	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (SEE 12)

OFFICER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	Madison, FL 32340 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	D, V, P, S, T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	Fraleigh Dr. Madison, FL 32340 <input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information required with this filing is true, correct, and complete, and that I am qualified to be the registered agent in the State of Florida. I further certify that the information is also on the annual report or additional annual report that I filed, or will file, and that I will sign the same before the next filing date. I am familiar with and accept the appointment of the registered agent or both registered agents as provided for herein. I am familiar with and accept the appointment of the registered agent or both registered agents as provided for herein. I am familiar with and accept the appointment of the registered agent or both registered agents as provided for herein.

SIGNATURE: *Mark Browning* **Mark Browning** 4-28-95 904-973-6896