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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90118 036 ***150.00

DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

#C 00 ...

Not Applicable

DOCUMENT # 362563 1. Corporation Name

HAM BROWN AND SONS, INC. Principal Place of Business Mailing Address 721 WEST GOVERNMENT ST 721 WEST GOVERNMENT ST PENSACOLA FL 32501 PENSACOLA FL 32501 2a. Mailing Address 2. Principal Place of Business 21 26 Suite, Apt, #, etc. Suite, Apt. #, etc.

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City & State

Zip

9. Name and Address of Current Registered Agent **BROWN, HUGH THOMAS** 721 W. GOVERMENT STREET PENSACOLA FL 32501

Country

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Zip

City & State

		1	tion Campaign F t Fund Contribut	_			dded to Fees				
Country		8. This	8. This corporation owes the current year Intaligible								
		Personal Property Tax.				(T) Y e	s □No _				
		10. Nan	ne and Address	of New R	egistered A	gent					
81	Name	<u>_</u> .									
82	Street Address (P.O. Box Number is Not Acceptable)										
83		`					· · · · · · · · · · · · · · · · · ·				
84	City				FL	85	Zip Code				
above	e-named corr	poration sub	mits this stateme	ent for the p	purpose of c	hang	ing its registered				

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

04/14/1970 4. FEI Number

59-1300026

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 register 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

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agent. I a	m familiar with, and accept the obligations of, Section 607.0	505, Florida	a Statutes.			
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Rec	gistered Agent signature required	when reinstating)	DATE `	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO	OFFICERS AND DIRECTO	RS IN 12
TITLE	VSD DE	LETE	1.1 TITLE		☐ Change	☐ Addition
NAME	BROWN,MIRIAM BELINDA		1.2 NAME			
STREET ADDRESS	710 S. 👣 ST.		1.3 STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL		1.4 CITY-ST-ZIP			
TITLE	PD □ DE	ELETE	2.1 TIYLE		Change	Addition Addition
NAME	BROWN,HUGH THOMAS		2.2 NAME			
STREET ADDRESS	710 S "I" STREET		2.3 STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL		2.4 CITY-ST-ZIP			
TITLE -	□ DE	ELETE	3.1 Ππ.E ~		☐ Change	Additio
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE	DE	ELETE	4.1 TITLE		Change	Addition
NAME		ĺ	4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE	DE	ELETE	5.1 TITLE		☐ Change	Additio
NAME	}		5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY+ST-ZIP			
TITLE	DE	ELETE	6.1 TITLE		☐ Change	☐ Additio
NAME			6.2 NAME			
STREET ADDRESS	1		6.3 STREET ADDRESS			
CITY OF 700			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.

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