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**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 APR -5 PM 1:54

**DOCUMENT # 436445 (1)**

1. Corporation Name  
**RUSSELL A. BROWN CORPORATION**

Principal Place of Business: **PO BOX 2451 DUNNELLON FL 34430**  
Mailing Address: **PO BOX 2451 DUNNELLON FL 34430**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **09/19/1973** 3a. Date of Last Report: **03/01/1994**

4. FEI Number: **59-1483943** 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

2. Principal Place of Business: 21. Suite, Apt. #, etc.: 22. City & State: 23. Zip: 24. Country: 25. Mailing Address: 26. Suite, Apt. #, etc.: 27. City & State: 28. Zip: 29. Country: 30.

9. Name and Address of Current Registered Agent  
**EGAN, CHRIS S  
12013 MARY ST  
DUNNELLON FL 34432**

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

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when transferring)

12. OFFICERS AND DIRECTORS  
TITLE: **PO**  
NAME: **BROWN, RUSSELL A.**  
STREET ADDRESS: **[REDACTED] 2450 W. SAND TRAP DR.**  
CITY-ST-ZIP: **[REDACTED] CITRUS SPRINGS FL 34434**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE:  Change  Addition  
1.2 NAME:  Change  Addition  
1.3 STREET ADDRESS:  Change  Addition  
1.4 CITY-ST-ZIP:  Change  Addition  
2.1 TITLE:  Change  Addition  
2.2 NAME:  Change  Addition  
2.3 STREET ADDRESS:  Change  Addition  
2.4 CITY-ST-ZIP:  Change  Addition  
3.1 TITLE:  Change  Addition  
3.2 NAME:  Change  Addition  
3.3 STREET ADDRESS:  Change  Addition  
3.4 CITY-ST-ZIP:  Change  Addition  
4.1 TITLE:  Change  Addition  
4.2 NAME:  Change  Addition  
4.3 STREET ADDRESS:  Change  Addition  
4.4 CITY-ST-ZIP:  Change  Addition  
5.1 TITLE:  Change  Addition  
5.2 NAME:  Change  Addition  
5.3 STREET ADDRESS:  Change  Addition  
5.4 CITY-ST-ZIP:  Change  Addition  
6.1 TITLE:  Change  Addition  
6.2 NAME:  Change  Addition  
6.3 STREET ADDRESS:  Change  Addition  
6.4 CITY-ST-ZIP:  Change  Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: *Russell A. Brown* **RUSSELL A. BROWN PRES.** 4/1/95 904-482-1178  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR