

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **436445** (1)

1. Corporation Name

RUSSELL A. BROWN CORPORATION



Principal Place of Business

Mailing Address

PO BOX 2451
DUNNELLON FL 34430

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DUNNELLON FL 34430

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Sub, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

EGAN, CHRIS S
~~12613 MARY ST~~ *20761 Chestnut St.*
~~DUNNELLON FL 34432~~ *33431*

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

09/19/1973

3a. Date of Last Report

04/05/1995

4. FFL 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. 198.032, Florida Statutes

Yes

No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 obligations of, Section 607.0506, Florida Statutes.

SIGNATURE

By _____ (Signature) and _____ (Printed Name) of the _____ (Title)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> DELETE
	PD BROWN, RUSSELL A.	2450 W. SAND TRAP DR	CITRUS SPRINGS FL, 34434	
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Change	<input type="checkbox"/> 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 119.07(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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Violet A. Brown*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/96 *352-489-1178*
DATE (By Fax Filing)

CR2E034 (12/95)