

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

MAY - 1 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 448971

(2)

1. Corporation Name

BROWN FIRE PROTECTION INC

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/20/1974

3a. Date of Last Report

05/01/1994

4. FEI Number

59-1521892

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

6. This corporation has liability for intangible tax under s. 198.04, Florida Statutes

☒

Yes

☐

No

9. Name and Address of Current Registered Agent

JARMAN, E. LEE
219 SAN PABLO STREET
PANAMA CITY BEACH FL 32413

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

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

Signature of Registered Agent

Signature of Registered Agent

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
PD	JARMAN, E. LEE	219 SAN PABLO STREET	PANAMA CITY BCH FL
STD	JARMAN, PAMELA B.	219 SAN PABLO STREET	PANAMA CITY BCH FL

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY, ST, ZIP	Change	Addition
				☐	☐
				☐	☐
				☐	☐
				☐	☐
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in law from 199 (07/00b), Florida Statutes. I further certify that the information is included 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 registered agent authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or changed, or can be identified with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

PAMELA B. JARMAN

4/30/95 234-2926