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

DOCUMENT # 524964

1. Corporation Name

W.R. BROWN CONSTRUCTION CO., INC.

FILED Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90011 043 ***150.00



Principal Place	e of Business	Mailing Address			
4206 SE 1ST AVE KEYSTONE HGTS FL 32656 US		P.O.B OX 186 KEYSTONE HEIGHTS FL 32656 US		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifed	
				02/02/1977	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 475	·	26		59-1722511	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certifcate of Status Desired	Fee Required
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23 KeySTONE HOTS FL		28		Trust Fund Contribution Added to Fees	
Zip	Country	Zip Country		8. This corporation owes the current year intangible	
24 3265	56 25 U.S	29	o	Personal Property Tax.	ØYes □No
	9. Name and Address of Current I	Registered Agent	<u> </u>	10. Name and Address of New Register	ed Agent
			81 Name	BLOWN, DONALD R.	
	wn, donald r		82 Street Ad	Idress (P.O. Box Number is Not Acceptable)	
4206	S.E. 1ST AVE		Sireer Ad		?
KEY:	STONE HEIGHTS FL 32656		83		
					as 7: Codo
			84 City 1/2	Secretary More F	EL 85 Zip Code 3 2 6 5 6
44 Purguant	to the provisions of Sections 607 0502	and 607 1508. Florida Statutes	the above-named co	phoretion submits this statement for the numosi	of changing its registered
office or n	egistered agent, or both, in the State of	i Florida. Such change was auth	horized by the corpora	ation's board of directors. I hereby accept the ap	pointment as registered
agent. I a	m familiar with, and accept the obligation	ins of, Section 607.0505, Florid	ia Statutes.		
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable (NOTE: R	egistered Agent signature requ	uired when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	PSD	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BROWN, DONALD R.		1.2 NAME	<i>5</i> 5.	
STREET ADDRESS	4206 SE 1ST AVE		1.3 STREET ADDRESS	475 LAHEVEN DR	
	KEYSTONE HEIGHTS FL		1.4 CITY-ST-ZIP		
CITY-ST-ZIP	TAS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BROWN, AILEEN B.		2.2 NAME		
	4206 SE 1ST AVE		2.3 STREET ADDRESS	475 SE. LAKEVIEW DR	
STREET ADDRESS	KEYSTONE HEIGHTS FL		4		
CITY-ST-ZIP	KEISTONE HEIGHTS FL	☐ DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		Change Addition
TITLE					
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		1
CITY-ST-ZIP			3.4. CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	41 TITLE		
NAME			4, 2 NAME		ļ
STREET ADDRESS			4.3 STREET ADDRESS		f
CITY-ST-ZIP	1		4.4 CITY-ST-ZIP		
				· · · · · · · · · · · · · · · · · · ·	Clohara Classe
TITLE		DELETE	5.1 TITLE		Change Addition
TITLE NAME		☐ DELETE	5.2 NAME		Change Addition
		☐ DELETE			☐ Change ☐ Addition
NAME			5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
NAME STREET ADDRESS		☐ DELETE	5.2 NAME 5.3 STREET ADDRESS		☐ Change ☐ Addition ☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP			5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
NAME STREET ADDRESS CITY-ST-ZIP TITLE			5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE		

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 an attachment with an address, with all other like empowered.

SIGNATURE: