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

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 9:14

DOCUMENT # **571838** **(2)**

1. Corporation Name
**THOMAS J. BROWN AND ASSOCIATES, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| ~~P O BOX 2940~~<br>~~TAMPA FL 33601~~ | ~~P O BOX 2940~~<br>~~TAMPA FL 33601~~ |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/12/1978
3a. Date of Last Report: 04/06/1994

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 4427 W. Kennedy Blvd. | 26 4427 W. Kennedy Blvd |
| Suite, Apt. #, etc.<br>22 Suite 375 | Suite, Apt. #, etc.<br>27 Suite 375 |
| City & State<br>23 TAMPA FL | City & State<br>28 TAMPA, FL |
| Zip / Country<br>24 33609 / 25 USA | Zip / Country<br>29 33609 / 30 USA |

4. FEI Number: 59-1839044 ☐ 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

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| RUSSO, RONALD<br>4100 W KENNEDY BLVD<br>STE 304<br>TAMPA FL 33609 | 81 Name: Tommi G. Dircks<br>82 Street Address (P.O. Box Number is Not Acceptable): 6105-C Memorial Hwy<br>83<br>84 City: TAMPA FL 85 Zip Code: 33615 |

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: _____ 3-30-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mailing) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PTD | 11 TITLE | Address — ☑ Change ☐ Addition |
| NAME | BROWN, THOMAS J | 12 NAME | |
| STREET ADDRESS | ~~111 S. PARKER ST #200~~ | 13 STREET ADDRESS | 4427 W. Kennedy Blvd, #375 |
| CITY-ST-ZIP | ~~TAMPA FL~~ | 14 CITY-ST-ZIP | TAMPA FL 33609 |
| TITLE | SD | 21 TITLE | Address ☑ Change ☐ Addition |
| NAME | BROWN, PATRICIA W. | 22 NAME | |
| STREET ADDRESS | ~~111 S. PARKER ST #200~~ | 23 STREET ADDRESS | 4427 W. Kennedy Blvd, #375 |
| CITY-ST-ZIP | ~~TAMPA FL~~ | 24 CITY-ST-ZIP | TAMPA FL 33609 |
| TITLE | | 31 TITLE | ☐ Change ☐ Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY-ST-ZIP | | 34 CITY-ST-ZIP | |
| TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | |

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)(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.

**SIGNATURE:** Patricia W Brown 3-30-95 813/287-5547
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number
PATRICIA W. BROWN

0302A80 CR