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

APPROVED AND FILED

95 MAY -1 PM 4:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **605928** **(1)**

1. Corporation Name
BRAWNER & BRAWNER INSURANCE, INC.

Principal Place of Business	Mailing Address
698 HOLBROOK CIRCLE LAKE MARY FL 32746	698 HOLBROOK CIRCLE LAKE MARY FL 32746

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/28/1978**
3a. Date of Last Report: **04/21/1994**

2. Principal Place of Business
21 2808 SUN LAKE LOOP
22 Suite, Apt. #, etc. APT. 102
23 City & State LAKE MARY FL
24 Zip 32746 25 Country USA

2a. Mailing Address
26 P.O. BOX 951944
27 Suite, Apt. #, etc.
28 City & State LAKE MARY FL
29 Zip 32795-1944 30 Country USA

4. FEI Number: **59-1894747** ☐ 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

BRAWNER, PAUL W., JR.
698 HOLBROOK CIRCLE
LAKE MARY FL 32746

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 2808 SUN LAKE LOOP APT. 102
83
84 City LAKE MARY FL 85 Zip Code 32746

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 mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VSD	11 TITLE	VSD	☒ Change ☐ Addition
NAME	BRAWNER, MARY JAYNE	12 NAME	BRAWNER, PAUL W. SR.	
STREET ADDRESS	698 HOLBROOK CIRCLE	13 STREET ADDRESS	2261 DELORAINE TRAIL	
CITY ST ZIP	LAKE MARY FL	14 CITY ST ZIP	MAITLAND, FL 32751	
TITLE	PTD	21 TITLE		☒ Change ☐ Addition
NAME	BRAWNER, PAUL W JR	22 NAME		
STREET ADDRESS	698 HOLBROOK CIRCLE	23 STREET ADDRESS	2808 SUN LAKE LOOP APT. 102	
CITY ST ZIP	LAKE MARY FL	24 CITY ST ZIP	LAKE MARY, FL 32746	
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: P W Brawner PAUL W. BRAWNER, JR. 4/26/95 407-323-0722
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Title (Optional) Phone #

0040120 CP