

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

FILED  
Mar 11, 1999 8:00 am  
Secretary of State

03-11-1999 90034 024 \*\*\*150.00

DOCUMENT # 647597

1. Corporation Name

BROWN & BROWN CONSULTANTS, INC.

Principal Place of Business

516 APPLEWOOD AVE  
ALTAMONTE SPRINGS FL 32714

Mailing Address

516 APPLEWOOD AVE  
ALTAMONTE SPRINGS FL 32714



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/01/1979

4. FEI Number

59-1956430

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 611 Chestnut Oak Circle

2a. Mailing Address

26 611 Chestnut Oak Circle

Suite, Apt. #, etc.

22 #109

Suite, Apt. #, etc.

27 #109

City & State

23 Altamonte Springs FL

City & State

28 Altamonte Springs FL

Zip

24 32701

Country

Zip

29 32701

Country

30

9. Name and Address of Current Registered Agent

BROWN, DIANE J.  
516 APPLEWOOD AVE  
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

81 Name

Diane J. Brown

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

83 611 Chestnut Oak Circle

84 #109

City Altamonte Springs

FL

85 Zip Code

32701

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME BROWN, P. RALPH  
STREET ADDRESS 516 APPLEWOOD AVE  
CITY-ST-ZIP ALTAMONTE SPRNGS FL

TITLE STD ☐ DELETE

NAME BROWN, DIANE J.  
STREET ADDRESS 516 APPLEWOOD AVE  
CITY-ST-ZIP ALTAMONTE SPRNGS FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☒ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

611 Chestnut Oak Circle #109  
Altamonte Springs FL 32701

2.1 TITLE

☒ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

611 CHESTNUT OAK CIRCLE #109  
ALTAMONTE SPRINGS FL 32701

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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

SIGNATURE: Diane J. Brown Diane J. Brown

3/6/99 407-862-9715

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)