

**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 12:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 671817 (5)**

1. Corporation Name

**BROWN APPRAISALS, INC.**

Principal Place of Business

**6121 OHIO AVENUE  
PO BOX 367  
NEW PORT RICHEY FL 34656**

Mailing Address

**6121 OHIO AVENUE  
PO BOX 367  
NEW PORT RICHEY FL 34656**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**05/30/1980**

3a. Date of Last Report

**04/18/1994**

4. FEI Number

**59-1997754**

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

2. Principal Place of Business

**21**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22**  
City & State

**27**  
City & State

**23**  
Zip

Country

**28**  
Zip

Country

**24**

**25**

**29**

**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BROWN, BENJAMIN L  
6121 OHIO AVENUE  
NEW PORT RICHEY FL 34291**

**81** Name

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

**83**

**84** City

**FL**

**85** Zip Code

**34653**

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 consulting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**TITLE P  
NAME BROWN, BENJAMIN L  
STREET ADDRESS 6121 OHIO AVENUE  
CITY- ST- ZIP NEW PORT RICHEY, FL00000**

**11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY- ST- ZIP**

☐ Change ☐ Addition

**TITLE ST  
NAME BROWN, BARBARA J  
STREET ADDRESS 6121 OHIO AVENUE  
CITY- ST- ZIP NEW PORT RICHEY, FL00000**

**21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY- ST- ZIP**

☐ Change ☐ Addition

**TITLE V  
NAME POLLACK, BEVERLY  
STREET ADDRESS 6121 OHIO AVENUE  
CITY- ST- ZIP NEW PORT RICHEY, FL00000**

**31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY- ST- ZIP**

☐ Change ☐ Addition

**TITLE V  
NAME DOBBINS, FREDERICK G.  
STREET ADDRESS 6107 OHIO AVENUE  
CITY- ST- ZIP NEW PORT RICHEY FL**

**41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY- ST- ZIP**

☐ Change ☐ Addition

**TITLE V  
NAME DOBBINS, REBECCA  
STREET ADDRESS 6121 OHIO AVENUE  
CITY- ST- ZIP NEW PORT RICHEY FL**

**51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY- ST- ZIP**

☐ Change ☐ Addition

**TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP**

**61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY- ST- ZIP**

☐ Change ☐ Addition

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 110.07(3)(k), 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 liquidator 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 attached statement in addition.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Signature Printed