

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

05/30/1980

3a. Date of Last Report

05/01/1995

4. FEI Number

59-1997754

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BROWN, BENJAMIN L.
6121 OHIO AVENUE
NEW PORT RICHEY FL 34653

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 installing)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | DELETE |
|-------|-----------------------|------------------|--------------------------|--------------------------|
| P | BROWN, BENJAMIN L. | 6121 OHIO AVENUE | NEW PORT RICHEY, FL00000 | <input type="checkbox"/> |
| ST | BROWN, BARBARA J | 6121 OHIO AVENUE | NEW PORT RICHEY, FL00000 | <input type="checkbox"/> |
| V | POLLACK, BEVERLY | 6121 OHIO AVENUE | NEW PORT RICHEY, FL00000 | <input type="checkbox"/> |
| V | DOBBINS, FREDERICK G. | 6107 OHIO AVENUE | NEW PORT RICHEY FL | <input type="checkbox"/> |
| V | DOBBINS, REBECCA | 6121 OHIO AVENUE | NEW PORT RICHEY FL | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP | 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY-ST-ZIP | 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY-ST-ZIP | 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY-ST-ZIP | 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY-ST-ZIP | 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 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)(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 its receiver or trustee, or am 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 to this report.

SIGNATURE: *Benjamin L. Brown*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/6/96 8/3
Date Daytime Phone # 847 6920

CR2E034 (12/95)