2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 15, 2004 8:00 am Secretary of State **DOCUMENT # F04875** 03-15-2004 90044 029 ***150.00 1. Entity Name J.W. BROWN, INC. LAND SURVEYORS Principal Place of Business Mailing Address 44017622 101 NW 75TH ST SUITE 2 101 NW 75TH ST SUITE 2 **GAINESVILLE FL 32607** GAINESVILLE FL 32607 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-2033413 Not Applicable Zíp Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HAAKER, ALAN 901 NW 56TH STREET OCALA FL 34475 Street Address (P.O. Box Number is Not Acceptable) Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or punted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Joy Dupicis A:st. Tes I Change 4694 Palm Aup 5.208 TITLE ☐ Delete TITLE NAME HAAKER, ALAN NAME 901 NW 56TH STREET STREET ADDRESS STREET ADDRESS Hialeah FC, 330/2 CITY-ST-ZIP OCALA FL 34475 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition OWEN, DAVID H ori Haaker NAME NAME 101 NW 75th ST. Suite 200 Gainesville FC. 32607 3737 NW 75TH TERR STREET ADDRESS STREET ADDRESS GAINESVILLE FL 32606 CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME OWEN, DAVID H. NAME STREET ADDRESS HOLDEN RD LOT #8 STREET ADDRESS CITY-ST-ZIP PALATKA FL 32177 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition HAAKER, LORI NAME NAME 901 NW 56TH STREET STREET ADDRESS STREET ADDRESS **OCALA FL 34475** CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition MARINOS, ATHANASIOS T NAME NAME 1839 SW 155TH AVE STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33027 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change TITLE ☐ Delete Addition GOMIS, JACOB NAME NAME 5917 SW 114TH AVE STREET ADDRESS STREET ADDRESS COOPER CITY FL 33330 CITY-ST-ZIP 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address; with all other like empowered.

Lori Haaker VP TRES

SIGNATURE AND TYPED 68 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED