

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**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90131 029 \*\*\*150.00

DOCUMENT # **F05027**

1. Corporation Name

**LOU BROWN REALTY AND MORTGAGE, INC.**

Principal Place of Business

**2900-18 AVENUE SOUTH  
ST PETERSBURG FL 33712**

Mailing Address

**2900-18 AVENUE SOUTH  
ST PETERSBURG FL 33712**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**11/10/1980**

4. FEI Number

**59-2065400**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**27**

City & State

City & State

**28**

Zip

Country

**25**

Zip

Country

**29**

**30**

9. Name and Address of Current Registered Agent

**BROWN, LENA M  
2927 16TH AVENUE SOUTH  
ST PETERSBURG FL 33712**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	DELETED
PD	BROWN, LOUIS D., JR	<input type="checkbox"/>
STREET ADDRESS	3767 30TH AVE SO	
ST-ZIP	ST PETERSBURG FL	
VD	RUSSELL, ARTHUR	<input type="checkbox"/>
STREET ADDRESS	2219 24TH AVE SOUTH	
ST-ZIP	ST PETERSBURG FL	
TD	BROWN, LOUIS D., JR	<input type="checkbox"/>
STREET ADDRESS	3767 30TH AVE SOUTH	
ST-ZIP	ST PETERSBURG FL	
SD	ROUSON, DARRYL	<input type="checkbox"/>
STREET ADDRESS	2912 PONCE DE LEON WAY S	
ST-ZIP	ST PETERSBURG FL	
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	DELETED	Change	Addition
1.1	1.2	1.3	1.4	
2.1	2.2	2.3	2.4	
3.1	3.2	3.3	3.4	
4.1	4.2	4.3	4.4	
5.1	5.2	5.3	5.4	
6.1	6.2	6.3	6.4	

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 title empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/27/99**

Date

**7873271234**

Daytime Phone #

CR2E034 (11/98)