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0401236

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90029 002 ***150.00

DOCUMENT # F81594

1. Corporation Name

RAY BROWN & ASSOCIATES, INC.

Principal Place of Business

5405 W CRENSHAW ST
TAMPA FL 33634
US

Mailing Address

P.O. BOX 23604
TAMPA FL 33623-0604
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/17/1982

4. FEI Number

59-2201549

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

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

9. Name and Address of Current Registered Agent

BROWN, RAYMOND M
5405 W CRENSHAW
TAMPA FL 33634

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 RAYMOND M BROWN

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

(NOTE: Registered Agent signature required when reinstating)

DATE

03-04-99

12. OFFICERS AND DIRECTORS

TITLE VPD ☐ DELETE
NAME BROWN, MARIE R
STREET ADDRESS 5405 WEST CRENSHAW ST
CITY-ST-ZIP TAMPA FL 33634

TITLE S ☐ DELETE
NAME BROWN, PAMELA A
STREET ADDRESS 5405 W CRENSHAW ST
CITY-ST-ZIP TAMPA FL 33634

TITLE DP ☐ DELETE
NAME BROWN, RAYMOND M
STREET ADDRESS 5405 WEST CRENSHAW ST
CITY-ST-ZIP TAMPA FL 33634

TITLE EVPD ☐ DELETE
NAME MORRIS, MICHELLE B
STREET ADDRESS 5405 WEST CRENSHAW ST
CITY-ST-ZIP TAMPA FL 33634

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

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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:

Michelle Brown Morris MICHELLE BROWN MORRIS 03-04-99 (813) 888-6117

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)