Applied For

\$8.75 Additional

Fee Required

Not Applicable

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

1619 Jimmie Paris Hwy

DOCUMENT # F93000002931

1. Corporation Name

2. Principal Place of Business

1619 Jimmie Davis Hwy

BROWN BUILDERS, INC.

į	
Principal, Place of Business	Mailing Address
PO BOX 8669	PO BOX 8669
BOSSIER CITY LA 71113	BOSSIER CITY LA 71113
US .	US

2a. Mailing Address

27

Suite, Apt. #, etc.

FILED Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90089 024 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

06/21/1993

72-0703966

4. FEI Number

22								
City & S		City & State 28 Bossier	CH	ı A		Election Campaign Financing Trust Fund Contribution	□ \$5.00 N Added to	,
Zip	Country	Zip		ountry		8. This corporation owes the current	year Intangible	
24 7111		29 71112	30	u.ś		Personal Property Tax.		XNo
	9. Name and Address of Current F	<u> </u>		73		10. Name and Address of New Reg	istered Agent	
				81	Name			
Ċ	T CORPORATION SYSTEM					- (D.O. Day Nurshas in Not Assessable	<u></u>	
12	200 S. PINE ISLAND RD.			82	Street Add	Iress (P.O. Box Number is Not Acceptable	")	
	ANTATION FL 33324			83			*	
, [
\				84	City		FL 85 Zip Ci	
office o	ant to the provisions of Sections 607.0502 or registered agent, or both, in the State of I am familiar with, and accept the obligation	Florida. Such change	was authoriz	zed by t	-named con the corporat	poration submits this statement for the pulion's board of directors. I hereby accept the	pose of changing its regine appointment as regi	egistered istered
SIGNATŮF	Signature, typed or printed name of registered agent a	nd title if applicable.	(NOTE: Registe	ned Ageni	signature requir	ed when reinstating)	DATE	· · · · · · ·
12.	OFFICERS AND		<u> </u>	3.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	
TITLE	DCP	☐ DELE	TE 1,	TITLE		ice-President	Change	
NAME	BROWN, B. WAYNE		1.2	2 NAME	A	illen c. Lockhart		
STREET ADDRE	AA 44 OL THUISALETAL		1.3	STREET	ADDRESS 2	213 Landau Lane		}
CITY-ST-ZIP	SHREVEPORT LA 71106		1.4	4 CITY-ST	-ZIP B	ossier City, LA 71111		
TITLE	DVC	☐ DELE	ETE 2.	1 TITLE			☐ Change	☐ Addition
NAME	BROWN, JAMES M		2.2	2 NAME				1
STREET ADDRE	TOOL OLIVER OUTER BLUE		2.3	3 STREET	ADDRESS			
. 1 CITY-ST-ZIP,	BOSSIER CITY LA 71112	- 4	2.	4 CITY-S	r-ziP			
TITLE	DVP	☐ DELE	ETE 3.	1 TITLE			☐ Change	☐ Addition {
NAME I	BROWN, JAMES M		3.:	2 NAME				
STREET ADDRE			3.3	3 STREET	ADDRESS	` .		
CITY-ST-ZIP,	BOSSIER CITY LA		3.	4. CITY-S	r-ZIP			
TITLE :	DST	☐ DEV	ETE 4.	1 TITLE			Change	Addition
NAME ,	BROWN, JAMES DOUGLAS		4.	2 NAME				
STREET ADDRE	SS 5009 FELICIANA DRIVE		4.3	3 STREET	ADDRESS			
CITY-ST-ZIP,	BOSSIER CITY LA		4.	4 CITY-ST	-ZIP			
TITLE '		DELI	ETE 5.	1 TITLE			Change	Addition
NAME !			5.:	2 NAME				
STREET ADDRE	ESS		5.2	3 STREET	ADORESS	•	,	
CITY-ST-ZIP,			5.4	4 CITY-ST	-ZIP			
mle .		☐ DELE	ETE 6.	1 TITLE			☐ Change	Addition
NAME !			6.:	2 NAME				İ
STREET ADDRE	ESS.		6.3	3 STREET	ADDRESS			ļ
CITY-ST-ZIP				4 CITY-ST	,			
14. I hereb	by certify that the information supplied with	this filing does not qu	alify for the e	xempti	on stated in	Section 119.07(3)(i), Florida Statutes. I fu	rther certify that the in	formation

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 chapter 607, or on an attachment with an address, with all other like empowered.