

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 29 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F94000002313 (4)

1. Corporation Name

BROWN-OCALA, INC.



Principal Place of Business

225 EAST REDWOOD STREET  
BALTIMORE MD 21202

Mailing Address

225 EAST REDWOOD STREET  
BALTIMORE MD 21202-3315

3. Date Incorporated or Qualified

05/04/1994

3a. Date of Last Report

04/23/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

52-1455781

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

24

25

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PCD	PRUGH, JOHN M	225 EAST REDWOOD STREET	BALTIMORE MD	<input type="checkbox"/>
VD	BANCROFT, PETER E	225 EAST REDWOOD STREET	BALTIMORE MD	<input type="checkbox"/>
VSD	HALL, TERRY F	225 EAST REDWOOD STREET	BALTIMORE MD	<input type="checkbox"/>
T	GISRIEL, TIMOTHY M	225 EAST REDWOOD STREET	BALTIMORE MD	<input type="checkbox"/>
				<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	Change	Addition
2.1 TITLE <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>				<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>				<input type="checkbox"/>	<input type="checkbox"/>
2.3 STREET ADDRESS <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>				<input type="checkbox"/>	<input type="checkbox"/>
2.4 CITY - ST - ZIP <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>				<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE <td>VS</td> <td></td> <td></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td>	VS			<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>				<input type="checkbox"/>	<input type="checkbox"/>
3.3 STREET ADDRESS <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>				<input type="checkbox"/>	<input type="checkbox"/>
3.4 CITY - ST - ZIP <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>				<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>				<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>				<input type="checkbox"/>	<input type="checkbox"/>
4.3 STREET ADDRESS <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>				<input type="checkbox"/>	<input type="checkbox"/>
4.4 CITY - ST - ZIP <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>				<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>				<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>				<input type="checkbox"/>	<input type="checkbox"/>
5.3 STREET ADDRESS <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>				<input type="checkbox"/>	<input type="checkbox"/>
5.4 CITY - ST - ZIP <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>				<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>				<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>				<input type="checkbox"/>	<input type="checkbox"/>
6.3 STREET ADDRESS <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>				<input type="checkbox"/>	<input type="checkbox"/>
6.4 CITY - ST - ZIP <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>				<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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.

SIGNATURE:

*Timothy M. Gisriel*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Timothy M. Gisriel, Treasurer

4/21/97

(410) 727-4083

Date

Daytime Phone #

0000000

CR2E034 (9/96)