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Mar 05 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 # F96000003034 (3)

1. Corporation Name  
BROWN MECHANICAL CONTRACTORS, INC.



Principal Place of Business  
PO BOX 488  
BIRMINGHAM AL 35201

Mailing Address  
PO BOX 488  
BIRMINGHAM AL 35201-0488

3. Date Incorporated or Qualified  
06/14/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
63-0256662

Applied For  
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

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

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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 the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PVCT  
NAME PIERCE, L F JR  
STREET ADDRESS 3348 SPRING VALLEY COURT  
CITY-ST-ZIP BIRMINGHAM AL 35223

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE V  
NAME MALONE, J P  
STREET ADDRESS 1736 LOUISE AVE SW  
CITY-ST-ZIP LEEDS AL 35094

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

TITLE S  
NAME REDDING, KAY  
STREET ADDRESS 6220 HWY 78  
CITY-ST-ZIP PELL CITY AL 35125

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE TC  
NAME BROWN, J M JR  
STREET ADDRESS 2119 WILLIAMSBURG WAY  
CITY-ST-ZIP BIRMINGHAM AL 35223

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D  
NAME BRITTAIN, DEBORAH  
STREET ADDRESS 1480 MILNER CRESCENT  
CITY-ST-ZIP BIRMINGHAM AL 35205

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D  
NAME BAUGHMAN, PATRICIA  
STREET ADDRESS 3941 FOREST AVENUE  
CITY-ST-ZIP BIRMINGHAM AL 35213

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

L. F. Pierce, Jr. President 2/27/97 205 323-1585

Date

Daytime Phone #

CR2E034 (9/96)