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Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90077 020 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # F98000005328

1. Corporation Name
BROWN MADISON, INC.

Principal Place of Business

Mailing Address

225 E. REDWOOD ST
BALTIMORE MD 21202

225 E. REDWOOD ST
BALTIMORE MD 21202

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/23/1998

4. FEI Number

APPLIED FOR 52-2121559

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

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REILLY, ANDREW R
95 S. 10TH ST
HAINES CITY FL 33845

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRUGH, JOHN M	1.2 NAME	PRUGH, JOHN M.
STREET ADDRESS	225 E. REDWOOD ST	1.3 STREET ADDRESS	225 EAST REDWOOD STREET
CITY-ST-ZIP	BALTIMORE MD 21202	1.4 CITY-ST-ZIP	BALTIMORE, MD 21202
TITLE	VCV <input type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BANCROFT, PETER E	2.2 NAME	BANCROFT, PETER E.
STREET ADDRESS	225 E. REDWOOD ST	2.3 STREET ADDRESS	225 EAST REDWOOD STREET
CITY-ST-ZIP	BALTIMORE MD 21202	2.4 CITY-ST-ZIP	BALTIMORE, MD 21202
TITLE	VSD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, TERRY F	3.2 NAME	
STREET ADDRESS	225 E. REDWOOD ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	BALTIMORE MD 21202	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GISRIEL, TIMOTHY M	4.2 NAME	
STREET ADDRESS	225 E. REDWOOD ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	BALTIMORE MD 21202	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

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

Timothy M. Gisriel

Treasurer

2/4/99
Date

(410) 727-4083

Daytime Phone #

CR2E034 (11/98)