

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G63282** (9)

1. Corporation Name  
**DERRICK W. BROWN & ASSOCIATES, INC.**



Principal Place of Business: 6700 S. FLORIDA AVE., SUITES 22 & 24, P.O. BOX 5841, LAKELAND FL 33813-3310  
Mailing Address: 6700 S. FLORIDA AVE., SUITES 22 & 24, P.O. BOX 5841, LAKELAND FL 33813-3310

3. Date Incorporated or Qualified: 10/03/1983  
3a. Date of Last Report: 01/13/1995  
4. FEI Number: 59-2342446  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business  
21. 6700 S. Florida Ave.  
22. Suite, Apt. #, etc. # 22 + 24  
23. City & State Lakeland FL  
24. Zip 33813  
25. Country USA  
26. Mailing Address P.O. Box 5841  
27. Suite, Apt. #, etc.  
28. City & State Lakeland, FL  
29. Zip 33807  
30. Country USA

9. Name and Address of Current Registered Agent  
BROWN, DERRICK W  
6700 S. FLORIDA AVE., SUITES 22 & 24  
LAKELAND FL 33813

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code FL

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: Derrick W. Brown, President & Registered Agent DATE: 01/15/96

12. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> DELETE
NAME	BROWN, DERRICK W	
STREET ADDRESS	6530 SHADOW COURT	
CITY - ST - ZIP	LAKELAND FL	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	BROWN, DIANE E	
STREET ADDRESS	6530 SHADOW COURT	
CITY - ST - ZIP	LAKELAND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Sandra B. Mortham DATE: 01/15/96 941-647-1571

CR2E034 (12/95)