

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 # **G77921** (6)

1. Corporation Name:

JOEL E. BROWN & SONS CONSTRUCTION CORPORATION



Principal Place of Business

**14 WEST POINT DRIVE
COCOA BEACH FL 32931**

Mailing Address

**14 WEST POINT DRIVE
COCOA BEACH FL 32931**

3. Date Incorporated or Qualified
01/06/1984

3a. Date of Last Report
02/14/1995

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

24

25

29

30

4. FEI Number
59-2403989

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 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

**BROWN, JOEL E.
14 WEST POINT DRIVE
COCOA BEACH FL 32931**

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

Joel E. Brown

(The Registered Agent Signature is required when submitting:

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
BROWN, JOEL E.
STREET ADDRESS
14 W. POINT DRIVE
CITY-ST-ZIP
COCOA BEACH FL

TITLE ☐ DELETE

NAME
BROWN, GARY J.
STREET ADDRESS
1041 BALI RD.
CITY-ST-ZIP
COCOA BEACH FL

TITLE ☐ DELETE

NAME
BROWN, THEODORA N.
STREET ADDRESS
14 W. POINT DR.
CITY-ST-ZIP
COCOA BEACH FL

TITLE ☐ DELETE

NAME
BROWN, JOEL E. II
STREET ADDRESS
921 BALI RD.
CITY-ST-ZIP
COCOA BEACH FL

TITLE ☐ DELETE

NAME
BROWN, WILLIAM R.
STREET ADDRESS
96 W. BAY
CITY-ST-ZIP
COCOA BEACH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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 is voluntarily furnished and does not qualify for the exemption stated in Section 19.07(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:

Joel E. Brown

JOEL E. BROWN

5-20-96 407-784-3397

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR