

1999

MAY 1ST IS \$550.00

FILED

Jan 29, 1999 8:00am  
Secretary of State

0581964

Annual Report  
1999-90014-12  
FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

01-29-1999 90014 012 \*\*\*150.00

DOCUMENT # H39131  
1. Corporation Name  
ROY BROWN LINCOLN-MERCURY, INC.



Principal Place of Business  
2121 NW HWY. 19  
CRYSTAL RIVER FL 34428  
US

Mailing Address  
% JOHN CRIDER  
2121 NW HWY 19  
CRYSTAL RIVER FL 34428  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
23 City & State  
24 Zip 25 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip 29 Country

3. Date Incorporated or Qualified  
01/23/1985

4. FEI Number  
59-2496917

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

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

8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent  
CRIDER, JOHN  
521 FORT ISLAND TRAIL  
SUITE A  
CRYSTAL RIVER FL 34429

10. Name and Address of New Registered Agent  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	BROWN, ROY F.	
STREET ADDRESS	841 N O'BRIAN PT	
CITY-ST-ZIP	LECANTO FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	CRIDER, JOHN	
STREET ADDRESS	521 W FORT ISLAND TRAIL	
CITY-ST-ZIP	CRYSTAL RIVER FL	
TITLE	DTVP	<input type="checkbox"/> DELETE
NAME	BROWN, RANDY	
STREET ADDRESS	841 N O'BRIEN POINT	
CITY-ST-ZIP	LECANTO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BROWN, SUSAN G	
STREET ADDRESS	841 N O'BRIAN PT	
CITY-ST-ZIP	LECANTO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BROWN, RYAN	
STREET ADDRESS	841 N O'BRIAN PT	
CITY-ST-ZIP	LECANTO FL	
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 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 \_\_\_\_\_ DATE 1-13-99  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (352) 795-4981

CR2E034 (11/98)