FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H83469

1. Corporation Name

G. BROWN & COMPANY, INC.

Principal Place of Business	Mailing Address
3848 KILLEARN COURT TALLAHASSEE FL 32308	3848 KILLEARN COURT TALLAHASSEE FL 32308
2. Principal Place of Business	2a. Mailing Address
21	26
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FILED May 29, 1999 8:00 am Secretary of State

05-29-1999 90004 004 ***450.00



TALLAHASSEE FL 32308		TALLAHASSEE FL 32308		DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualifed			
					10/31/1985			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number			Applied For
21		26			59-2623956			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired			5 Additional
22		27			2. Comments of Chalces Commen		Fe	Required
City & State	e	City & State			6. Election Campaign Financing		-	00 May Be
23		28			Trust Fund Contribution			ed to Fees
Zip	Country	Zip	Country		8. This corporation owes the curre	ent year Inta		\checkmark
24	25	29 30)		Personal Property Tax.		Yes	X No
	9. Name and Address of Currer	nt Registered Agent	81	Name	10. Name and Address of New R	egisterea /	Agent	
RPO!	WN, GENE D.		81	Name				
	KILLEARN COURT		82	Street A	dress (P.O. Box Number is Not Accepta	ible)		
	AHASSEE FL 32308							
IALL	ATTAGGLE I E 32300		83					
	_		84	City			85 2	Zip Code
					orporation submits this statement for the	<u> </u>		
office or reagent. I as	enistered Adenti (ar Fe nn i partis State	of Florida. Such change was auth ation of Section 607.0505, Florida	orized by	the corpor	ation's board of directors. I hereby accep	it the appoi	ntment a	s registered
SIGNATURE	Signature, tyled or printed name of region and age	nt and title if applicable (NOTE: Re	gistered Ager	nt signature req	uired when reinstating)	DATE		
12.	OFFICERS AN	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS AN		
TITLE	PSD	☐ DELETE	1.1 TITLE]			Char	nge
NAME	Brown, gene D.		1.2 NAME	-				
STREET ADDRESS	3848 KILLEARN COURT		1.3 STREET	ADDRESS				
CITY-ST-ZIP	TALLAHASSEE FL		1.4 CITY-S	T- ZIP				
TITLE		☐ DELETE	2.1 TITL€				Char	nge
NAME			2.2 NAME	Į.				
STREET ADDRESS			2.3 STREET	ADDRESS				
CITY-ST-ZIP			2.4 CITY-5	T-ZIP				
TITLE		☐ DELETE	3.1 TITLE				Char	nge
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET	ADDRESS				
CTY-ST-ZIP			3.4. CITY-S	T-ZIP				
TITLE		☐ DELETE	4.1 TITLE				Char	nge
NAME			4.2 NAME	\				
STREET ADDRESS		İ	4.3 STREE	ADDRESS				
CITY-ST-ZIP			4.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	5.1 TITLE			_	Char	nge Addition
NAME			5.2 NAME	1				
STREET ADDRESS			5.3 STREE	TADDRESS				
C/TY-ST-ZIP			5.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	6.1 TITLE				Char	nge Addition
NAME			6.2 NAME	1				
STREET ADDRESS			63 STREE	ADDRESS				
C/TY-ST-ZIP			6.4 CITY-S	T-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 supplierental annual report is true and accurate and that my signature shall have the same legal effect as it 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 an attachment with an address, with all other like empowered.

SIGNATURE:

4/30/99

(850)668-6103

Daytime Phone #