

41-91 B-3840 C

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

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Apr 01 1997 8:00am  
Secretary of State



PROFIT CORPORATION  
ANNUAL REPORT  
1997

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

DOCUMENT # **H86404** (1)  
1. Corporation Name  
**PETER R. BROWN CONSTRUCTION, INC.**



Principal Place of Business  
**1475 S. BELCHER RD.  
LARGO FL 34641  
US**

Mailing Address  
**P. O. BOX 4100  
CLEARWATER FL 34618-4100  
US**

3. Date Incorporated or Qualified  
**11/20/1985**

3a. Date of Last Report  
**02/20/1996**

4. FEI Number  
**59-2627942**

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

2. Principal Place of Business  
21  
Suite, Apt. #, etc.  
22  
City & State  
23  
Zip Country  
24

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

9. Name and Address of Current Registered Agent  
**BROWN, PETER R.  
11180 6TH ST. E.  
TREASURE ISLAND FL 33706**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                           |                                 |
|----------------------------|---------------------------|---------------------------------|
| TITLE                      | <b>C</b>                  | <input type="checkbox"/> DELETE |
| NAME                       | <b>BROWN, PETER R.</b>    |                                 |
| STREET ADDRESS             | <b>1475 S BELCHER RD.</b> |                                 |
| CITY-ST-ZIP                | <b>LARGO FL</b>           |                                 |
| TITLE                      | <b>DV</b>                 | <input type="checkbox"/> DELETE |
| NAME                       | <b>VARGAS, EDUARDO</b>    |                                 |
| STREET ADDRESS             | <b>59 DOLPHIN DR</b>      |                                 |
| CITY-ST-ZIP                | <b>TREASURE ISLAND FL</b> |                                 |
| TITLE                      | <b>PTD</b>                | <input type="checkbox"/> DELETE |
| NAME                       | <b>MITCHELL, JUDY A</b>   |                                 |
| STREET ADDRESS             | <b>327 LOTUS PATH</b>     |                                 |
| CITY-ST-ZIP                | <b>CLEARWATER FL</b>      |                                 |
| TITLE                      | <b>S</b>                  | <input type="checkbox"/> DELETE |
| NAME                       | <b>HUNT, DARLENE</b>      |                                 |
| STREET ADDRESS             | <b>4607 FIG ST., #108</b> |                                 |
| CITY-ST-ZIP                | <b>TAMPA FL</b>           |                                 |
| TITLE                      | <b>VD</b>                 | <input type="checkbox"/> DELETE |
| NAME                       | <b>STEWART, JOHN R.</b>   |                                 |
| STREET ADDRESS             | <b>7101 CARMEL DR.</b>    |                                 |
| CITY-ST-ZIP                | <b>TALLAHASSEE FL</b>     |                                 |
| 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME  |                              |  |
| 4.3 STREET ADDRESS                                    | <b>4606 W. GRAY ST. #209</b> |  |
| 4.4 CITY-ST-ZIP                                       | <b>TAMPA, FL 33609</b>       |  |
| 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 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.

SIGNATURE: *Judy Mitchell* **JUDY MITCHELL** **PRES**  
Signature and typed or printed name of signing officer or director  
Date: **3-21-97**  
Daytime Phone #: **(813) 531-1466**

CR2E034 (9/96)