

2-98B-1270-C
 FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Feb 02 1998 8:00am
 Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
 1998



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
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21

Suite, Apt. #, etc.
 22

City & State
 23

Zip 33771 Country
 24 25

2a. Mailing Address
 26

Suite, Apt. #, etc.
 27

City & State
 28

Zip 33758 Country
 29 30

3. Date Incorporated or Qualified
 11/20/1985

4. FEI Number
 59-2627942

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	C	<input type="checkbox"/> DELETE
NAME	BROWN, PETER R.	
STREET ADDRESS	1475 S BELCHER RD.	
CITY-ST-ZIP	LARGO FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	VARGAS, EDUARDO	
STREET ADDRESS	59 DOLPHIN DR	
CITY-ST-ZIP	TREASURE ISLAND FL	
TITLE	PTD	<input type="checkbox"/> DELETE
NAME	MITCHELL, JUDY A	
STREET ADDRESS	327 LOTUS PATH	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HUNT, DARLENE	
STREET ADDRESS	4606 W GRAY ST #209	
CITY-ST-ZIP	TAMPA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	STEWART, JOHN R.	
STREET ADDRESS	7101 CARMEL DR.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE: Judy Mitchell PRES. 1-7-98 (813) 531-1466
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0397817

CFR2E034 (10/97)