


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

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90242 049 \*\*\*158.75

|  |   |  |
|--|---|--|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

**DOCUMENT # H86404**

1. Corporation Name  
**PETER R. BROWN CONSTRUCTION, INC.**



|  |  |
|--|--|
| Principal Place of Business<br>1475 S. BELCHER RD.<br>LARGO FL 33771<br>US | Mailing Address<br>P. O. BOX 4100<br>CLEARWATER FL 33758<br>US |
|--|--|

DO NOT WRITE IN THIS SPACE

|                                      |                           |
|--------------------------------------|---------------------------|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 |
| Suite, Apt. #, etc.<br>22            | Suite, Apt. #, etc.<br>27 |
| City & State<br>23                   | City & State<br>28        |
| Zip<br>24                            | Country<br>29             |
| Country<br>25                        | Country<br>30             |

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br>11/20/1985  |  |
| 4. FEI Number<br>59-2627942  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required                                      |  |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00</b> May Be Added to Fees                     |
| 8. This corporation owes the current year Intangible Personal Property Tax.<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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   | 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                |                      |                                 |
|----------------|----------------------|---------------------------------|
| 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          | V.P.                 | <input type="checkbox"/> DELETE |
| NAME           | STEVE M. CHRISTOPHER |                                 |
| STREET ADDRESS | 2973 GIVERNY CIRCLE  |                                 |
| CITY-ST-ZIP    | TALLAHASSEE FL 32308 |                                 |

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           | D, EXP  |
| 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           | D, EXP  |
| 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: Judy Mitchell PRES. JUDY MITCHELL 1-15-99 (917) 531-1466

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)