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

PROFIT CORPORATION **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

BROWN'S ELECTRIC COMPANY, INC.

FILED Apr 13 1998 8:00am Secretary of State

|--|--|--|

Principal Place of Business Mailing Address)1211 A1811 A1811 A1811 A1	E1) D1811 1881			
765 HAWKS RIDGE RD.		765 HAWKS RIDGE RD.						
PORT ORANGE FL 32127		PORT ORANGE FL 3212	7		DO NOT WRITE IN	DO NOT WRITE IN THIS SPACE		
					 Date Incorporated or Qualified 03/10/1986 			
 i	Place of Business	2a, Mailing Address			4. FEI Number		pplied For	
21	W - 4-	26			59-2655388		lot Applicable	
Suite, Apt.		Suite, Apt. #, etc. 27		5. Certificate of Status Desired		\$8.75 Additional Fee Required		
	City & State		6. Election Campaign Financing		May Be			
23 Zip	Country	700	Countr	.,	Trust Fund Contribution			
24	`		30	y	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.			
24	g. Name and Address of Curre	29 29 Agent	30		Personal Property Tax due June 30	<u> </u>	NO	
RA	OWN, RANDALL E.		81	Name	10.	north right		
	5 HAWKS RIDGE RD							
PORT ORANGE FL 32127		82	82 Street Address (P.O. Box Number is Not Acceptable)					
			83					
			84	City		 85 Zip	Code	
					corporation submits this statement for the purporation's board of directors. I hereby accept t	FLI		
SIGNATURE	Signature, typed or printed name of registered at	pent and title if applicable. (NOT ND DIRECTORS		ent signature r		DATE		
12.	PVS OFFICERS AF	DELETE	13.	1	ADDITIONS/CHANGES TO OFFICER	RS AND DIRECTO	RS IN 12 Addition	
NAME	BROWN, RANDALL E.	Lad Descrie	1.7 TILE			Onange	I RUGILION	
STREET ADDRESS	765 HAWKS RIDGE RD			T ADDRESS				
CITY-ST-ZIP	PORT ORANGE FL		1.4 CITY-	- 1				
TITLE		DELETE	2.1 TITLE	31-217	v	Change	✓ Addition	
NAME		_	2.2 NAME	-	Brown, Christopher		W	
STREET ADDRESS			1	T ADDRESS	765 Hawks Ridge Rd	•		
CITY-ST-ZIP			2.4 CITY-		Pt Orange F1			
TITLE		☐ DELETE	3.1 TITLE		V	Change	Addition	
NAME			3.2 NAME		Brown, Travis		•	
STREET ADDRESS			3 3 STREE	T ADDRESS	765 Hawks Ridge Rd			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP	Pt Orange Fl			
TALE		DELETE	41 TITLE			☐ Change	☐ Addition	
NAME			4 2 NAME	ļ				
STREET ADDRESS			4.3 STREE	T ADDRESS				
CITY-ST-ZIP			4.4 C(TY-1	ST-ZIP				
TITLE		DELETE	5.1 TITLE			☐ Change	Addition Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	F ADDRESS				
CITY-ST-ZIP			5.4 CITY-	ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE					
CITY-ST-ZIP			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.

904-761-3179