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**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # J03442 1. Corporation Name

BROWN'S ELECTRIC COMPANY, INC.

Principal Plac	e of Business	Mailing Address						
765 HAWKS RII	DGE RD.	765 HAWKS RIDGE RD.						
24 24						DO NOT MUDITE IN THIS SPACE		
PORT ORANGE FL 32127 PORT ORANGE FL 32127						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
						03/10/1986		
· ·	Place of Business	2a. Mailing Address					pplied For	
21		26				33 £033000	ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					Additional lequired	
	te	City & State				& Floring Compaign Financing \$5.00	May Be	
23	LE_ /	28	•			1 1 1	to Fees	
Zip	Country Zip C			untry	6. This corporation of the same year.			
24	25 . 29				Personal Property Tax. Yes No			
	9. Name and Address of Curre	nt Registered Agent	•			10. Name and Address of New Registered Agent		
				81	Name			
BROWN, RANDALL E.					01 -4 4 4 4	ess (P.O. Box Number is Not Acceptable)		
765 HAWKS RIDGE RD				82	Street Addre	ess (F.O. Box Number is Not Acceptable)		
PORT ORANGE FL 32127				83				
				84	City	FL 85 Zip	Code	
office or a	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obligations.	of Florida, Such change was	authorize	d bv	the corporatio	oration submits this statement for the purpose of changing it in's board of directors. I hereby accept the appointment as r	s registered egistered	
	, ,	•						
SIGNATURE	Signature, typed or printed name of registered age	ant and title if applicable. (NO	TE: Registere	d Agen	t signature required	when reinstating) DATE		
12. OFFICERS AND DIRECTORS						ADDITIONS/CHANGES TO OFFICERS AND DIRECT		
TITLE	PVS	☐ DELETE 1		1,1 TITLE		☐ Change	☐ Addition	
NAME	BROWN, RANDALL E.	1.3		AME	-			
STREET ADORESS	RESS 765 HAWKS RIDGE RD		1.3 S	1.3 STREET ADDRESS				
CITY-ST-ZIP	PORT ORANGE FL		1,4 0	1.4 CITY-ST-ZIP				
TITLE			_	2.1 TITLE		☐ Change	☐ Addition	
NAME	BROWN, CHRISTOPHER		2.2 N	2.2 NAME				
STREET ADDRESS			235	TREFT	ADDRESS			
CITY-ST-ZIP	PT ORANGE FL							
TITLE	V V			2. 4 CITY-ST-ZIP 3.1 TITLE		☐ Change	☐ Addition	
NAME.	BROWN, TRAVIS			IAME		- <del>-</del>		
					ADDRESS			
STREET ADDRESS	DT ORANGE FI							
CITY OT 71D	I PI LIKANGE EI		■ 34 (	TITY S	1.792			

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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.

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

62 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

IIILE

NAME

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STREET ADDRESS CITY-ST-ZIP

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CITY-ST-ZIP

☐ DELETE

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☐ Change

Change

Change

Addition

☐ Addition

Addition