

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **J21559 (6)**

1. Corporation Name
EDWIN G. BROWN & ASSOCIATES, INC.



Principal Place of Business: **625 N. TALLAHASSEE ST. PO BOX 625 CRAWFORDVILLE FL 32326**
Mailing Address: **625 N. TALLAHASSEE ST. PO BOX 625 CRAWFORDVILLE FL 32326**

3. Date Incorporated or Qualified: **06/27/1986**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-2684125**
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 2813 Crawfordville Hwy.**
22. Suite, Apt. #, etc.:
23. City & State: **Crawfordville, FL**
24. Zip: **32327**
25. Country: **Wakulla**
2a. Mailing Address: **26 P. O. Box 625**
27. Suite, Apt. #, etc.:
28. City & State: **Crawfordville, FL**
29. Zip: **32326**
30. Country: **Wakulla**

9. Name and Address of Current Registered Agent
**BROWN, EDWIN G.
625 N. TALLAHASSEE ST.
CRAWFORDVILLE FL 32326**

10. Name and Address of New Registered Agent
81. Name:
82. Street Address (P.O. Box Number is Not Acceptable): **2813 Crawfordville Highway**
83. City:
84. City: **Crawfordville** 85. Zip Code: **FL 32327**

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------------|---------------------------------|
| TITLE | DP | <input type="checkbox"/> DELETE |
| NAME | BROWN, EDWIN G. | |
| STREET ADDRESS | 625 N. TALLAHASSEE ST. | |
| CITY-ST-ZIP | CRAWFORDVILLE FL | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | SPARKMAN, DONNIE R. | |
| STREET ADDRESS | 625 N. TALLAHASSEE ST. | |
| CITY-ST-ZIP | CRAWFORDVILLE FL | |
| TITLE | ST | <input type="checkbox"/> DELETE |
| NAME | BROWN, SHAROL P. | |
| STREET ADDRESS | 625 N. TALLAHASSEE ST. | |
| CITY-ST-ZIP | CRAWFORDVILLE FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | 2813 Crawfordville Highway |
| 1.4 CITY-ST-ZIP | Crawfordville, FL 32327 |
| 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | 2813 Crawfordville Highway |
| 2.4 CITY-ST-ZIP | Crawfordville, FL 32327 |
| 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | 2813 Crawfordville Highway |
| 3.4 CITY-ST-ZIP | Crawfordville, FL 32327 |
| 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, on an attachment with an address.

SIGNATURE: *Sharol P. Brown* Sharol P. Brown 4/30/96 (904) 926-3016
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date of Filing District Phone #

CR2E034 (12/95)