

1012

FILED

97 AUG -5 PM 4:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>12/30/1986</b>		3a. Date of Last Report <b>02/05/1986</b>	
4. FEI Number <b>59-2771580</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
10. Name and Address of New Registered Agent			

2. Principal Place of Business		2a. Mailing Address	
21	5036 Sandpiper Ln. S. Suite, Apt. #, etc.	26	5036 Sandpiper Ln. S. Suite, Apt. #, etc.
22	City & State	27	City & State
23	St. Petersburg, FL Zip Country	28	St. Petersburg, FL Zip Country
24	33711	25	USA
29	33711	30	USA

9. Name and Address of Current Registered Agent		81	Name
BROWN, STANFORD M		82	Street Address
5038 SANDPIPER LANE S.		83	
ST. PETERSBURG FL 33711		84	City

**10. Name and Address of New Registered Agent**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (P.O. Box Number is Not Acceptable)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ 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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVT BROWN, PATRICIA F. 5036 SANDPIPER LANE S. ST. PETERSBURG FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS BROWN, STANFORD M. 5036 SANDPIPER LANE S. ST. PETERSBURG FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	100002262031--3
1.3 STREET ADDRESS	100002262031--3
1.4 CITY - ST - ZIP	08/08/97--0108--018
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	****165.00 ****165.00
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	8-7-97
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 *(Signature)* 8-1-97 812 814 816

CR2E034 (A/97)

2012

# **BROWN**

**5036 Sandpiper Lane S.  
St. Petersburg, FL 33711**

**Phone: 813-864-9414  
Fax: 813-864-3410**

August 1, 1997

Annual Reports Filings  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: P. Brown, Inc. 59-2771577  
SMB Leasing, inc. 59-2771580

Dear Madam or Sir:

I have just received a 2<sup>nd</sup> notice for filing the 1997 Profit Corporation Annual Report for the above-referenced corporations. I never received a 1<sup>st</sup> notice for either corporation.

For this reason, and upon instructions from someone in your office (Debbie?) today, I am enclosing the standard fee of \$165 for each corporation.

I shall appreciate your waiving the late fee in view of the circumstances. Thank you.

Sincerely yours,



Patricia F. Brown  
President, P. Brown, Inc.  
Vice-President, SMB Leasing, Inc.