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Jan 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J70897 (0)
1. Corporation Name
BROWNCORP. CONSTRUCTION CONTRACTING, INC.



Principal Place of Business
13603 GRANVILLE AVE.
CLERMONT FL 34711

Mailing Address
13603 GRANVILLE AVE.
CLERMONT FL 34711-9628

3. Date Incorporated or Qualified
05/04/1987

3a. Date of Last Report
06/24/1996

4. FEI Number
59-2813940

Applied For
Not Applicable

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 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent
BROWN, L. BRYANT, JR.
9161 PINNACLE CIRCLE
WINDERMERE FL 34786

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, L. BRYANT, JR.	12 NAME	
STREET ADDRESS	9161 PINNACLE CIRCLE	13 STREET ADDRESS	
CITY-ST-ZIP	WINDERMERE FL 34786	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, L B III	22 NAME	
STREET ADDRESS	8634 WELLINGTON LOOP	23 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARDS, JOSEPH W	32 NAME	
STREET ADDRESS	11714 FLYNN CT	33 STREET ADDRESS	
CITY-ST-ZIP	WINTER GARDEN FL 43787	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	Secretary, Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GINN, DOROTHY P	42 NAME	Ginn, Dorothy P.
STREET ADDRESS	15142 W COLONIAL DR APT 203	43 STREET ADDRESS	650 West Osceola Street
CITY-ST-ZIP	WINTER PARK FL 34787	44 CITY-ST-ZIP	Clermont, FL 34711
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: Dorothy P. Ginn 01-08-97 (407) 656-3434

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

CR2E034 (9/96)