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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # J70897 1. Corporation Name

BROWNCORP. CONSTRUCTION CONTRACTING, INC.

						AN BANDAN BANDAN BANDAN	
Principal Plac	ce of Business	Mailing Address				in Bigit 41811 Bigit	AIAII GIAIS IAES
13603 GRANVII	LLE AVE.	. 13603 GRANVILLE AVE.					
CLERMONT FL 34711 CLERMONT FL 34711							
ļ	•				DO NOT WRITE IN TH	IIS SPACE	
					3. Date Incorporated or Qualifed 05/04/1987	•	
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	- Aı	pplied For
21		26			59-2813940	No.	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75	Additional
22		27			3. Cermoate di Status Desired	Fee Re	equired
City & Star	te '	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year I	Intangible	
24	25	29	30		Personal Property Tax.	Yes	□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registere	d Agent	
enc.	MALL BOVANT ID		81 1	Name			
HROM	OWN, L. BRYANT, JR. 1-PINNACLE CIRCLE CHOLL CO	NEMAL TELES	82 5	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	TEPINNAULE CINCLE COMMENT	ETERNATION CONTRACTOR OF THE	[]		a a tilly years of a tilbule of the angle of the first state.	171, 626 v. v. 564	t serie seriese
AAIM	DERMERE FL 34786		83				N. C.
			84 (City		Op Zin	244 X34 (1)
	_		64 5	City ·	· F	L 85 Zip	Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	tes, the above-n	named corpo	oration submits this statement for the purpose	of changing its	registered
office or r	registered agent, or both, in the State o am familiar with, and accept the obligati	of Florida. Such change was a	authorized by the	e corporatio	n's board of directors. I hereby accept the app	ointment as re	egistered
uge		0113 01, 00011011 007.0000, 1 10	Jinda Gizidios.				
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	E: Registered Agent sig	ignature required	when reinstating); 1723 DATE	 -	
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND		Registered Agent sig	ignature required	when reinstating). 1983. DATE ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTO	ORS IN 12
	Signature, typed or printed name of registered agent			ignature required	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTO	ORS IN 12
12.	Signature, typed or printed name of registered agent OFFICERS AND	DIRECTORS	13.	ignature required	1.7		
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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 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

FILED

Jan 22, 1999 8:00am

Secretary of State 01-22-1999 90064 004 ***150.00