

# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**DOCUMENT # J70897**

1. Entity Name  
**BROWNCORP. CONSTRUCTION CONTRACTING, INC.**



SECRETARY OF STATE  
DIVISION OF CORPORATE REGISTRATION

06 AUG 31 PM 2:29

Principal Place of Business  
**13603 GRANVILLE AVE.  
CLERMONT, FL 34711**

Mailing Address  
**13603 GRANVILLE AVE.  
CLERMONT, FL 34711**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08222006

Chg-P

CR2E034 (11/05)

4. FEI Number  
**59-2813940**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BROWN, L. BRYANT, JR.  
13603 GRANVILLE AVE.  
CLERMONT, FL 34711**

Name **Dorothy P. Ginn**

Street Address (P.O. Box Number is Not Acceptable)  
**13603 Granville Ave**

City **Clermont**

**FL**

Zip Code  
**34711**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Dorothy P. Ginn**

**Dorothy P. Ginn, Secretary**

**08-22-06**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Amended AR is \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PCD** ☒ Delete  
NAME **BROWN, L. BRYANT, JR.**  
STREET ADDRESS **13603 GRANVILLE AVE**  
CITY-ST-ZIP **CLERMONT, FL 34711**

TITLE **PCD** ☒ Change ☐ Addition  
NAME **Brown, Roger L.**  
STREET ADDRESS **13603 Granville Ave**  
CITY-ST-ZIP **Clermont, FL**

TITLE **V** ☒ Delete  
NAME **BROWN, L B III**  
STREET ADDRESS **20260 C R 455**  
CITY-ST-ZIP **CLERMONT, FL 34711**

TITLE **V** ☒ Change ☐ Addition  
NAME **Brown, Darlene D.**  
STREET ADDRESS **13603 Granville Ave.**  
CITY-ST-ZIP **Clermont FL 34711**

TITLE **ST** ☐ Delete  
NAME **GINN, DOROTHY P**  
STREET ADDRESS **650 WEST OSCEOLA ST**  
CITY-ST-ZIP **CLERMONT, FL**

TITLE **Assistant Vice Pres** ☐ Change ☒ Addition  
NAME **Brown, Sandra**  
STREET ADDRESS **13603 Granville Ave**  
CITY-ST-ZIP **Clermont, FL 34711**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**900079732269**  
**09/12/06--01064--023 \*\*61.25**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE **Sandra G. Brown**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**08/22/2006**

Date

Daytime Phone #