## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CITY-ST-ZIP

Block 12 or Block 13 if changed, or on an attachment with an address.

Jun 18 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # **J74624** (4) BROWN BARGE SERVICE, INC. Principal Place of Business Mailing Address 40 AUDUSSON AVENUE 40 AUDUSSON AVENUE PENSACOLA FL 82507-2426 PENSACOLA FL 32507-2426 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/27/1987 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2863388 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 Trust Fund Contribution 28 Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30 □ No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent BROWN, WARREN T. **40 AUDUSSON AVE** 62 Street Address (P.O. Box Number is Not Acceptable) P. O. BOX 12950 (ZIP 35276-2950) 8.1 PENSACOLA FL 32507 City 84 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida 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 proton) name of registered agent and title if applicable (NOTI: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 113006 BROWN, W.T. NAME 1.2 NAME 1700 OSCEOLA BLVD STREET ADDRESS 1.3 STREET ADDRESS PENSACOLA FL CITY-ST-ZIP 1.4 City-St-ZiP Change DELETE Addition TITLE 21 THUE BRYAN, GARY W. 2.2 NAME **4920 RUGBY COURT** STREET ADDRESS 2.3 STREET ADDRESS PENSACOLA FL 2 4 C/TY - ST - 7/P CATY-ST-ZIP DELETE Change \_\_\_ Addition TITLE 3.1 HH.F BROWN, S.J. 3.2 NAME NAME 600 GAMARRA RD. STREET ADDRESS 3.3 STREET ADDRESS PENSACOLA FL 3.4. CITY- ST-7IP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE BYRAN, STEVEN M. NAME 4. 2 NAME 7614 N POINTE DRIVE STREET ADDRESS 4.3 STREET ADDRESS PENSACOLA FL CITY - ST-ZIP 4.4 CITY - ST - ZIP ☐ Addition DELETE Change 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 C(TY - ST - Z(P 600002543975hange DELETE Addition TITLE 6.1 TITLE NAME 6 2 NAME --06/02/98---01031---**0**23 STREET ADDRESS 6.3 STREET ADDRESS \*\*\*1650.00

64 CITY-ST-ZIP 14. Thereby 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 supplicinental annual report is true and accurate and that my signature shall have the same legal offect 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

FILED