

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 19, 1999 8:00 am  
Secretary of State

05-19-1999 90023 003 \*1,650.00

DOCUMENT # J74624

1. Corporation Name  
BROWN BARGE SERVICE, INC.

Principal Place of Business  
40 AUDUSSON AVENUE  
PENSACOLA FL 32507-2426

Mailing Address  
40 AUDUSSON AVENUE  
PENSACOLA FL 32507-2426

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
05/27/1987

4. FEI Number  
59-2863388

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROWN, WARREN T.  
40 AUDUSSON AVE  
P. O. BOX 12950 (ZIP 35276-2950)  
PENSACOLA FL 32507

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME  
PD BROWN, W.T.  
STREET ADDRESS  
1700 OSCEOLA BLVD  
CITY-ST-ZIP  
PENSACOLA FL

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
D BRYAN, GARY W.  
STREET ADDRESS  
4920 RUGBY COURT  
CITY-ST-ZIP  
PENSACOLA FL

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
D BROWN, S.J.  
STREET ADDRESS  
600 GAMARRA RD.  
CITY-ST-ZIP  
PENSACOLA FL

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
D BYRAN, STEVEN M.  
STREET ADDRESS  
7614 N POINTE DRIVE  
CITY-ST-ZIP  
PENSACOLA FL

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

CITY-ST-ZIP

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REWARREN T. BROWN

4/26/99

850-453-3471

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)