

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K18712** (5)

1. Corporation Name

BROWDER PRINTING COMPANY



Principal Place of Business

Mailing Address

**5205 ORANGE AVENUE
ORLANDO FL 32809**

**5205 ORANGE AVENUE
ORLANDO FL 32809**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt #, etc.

Suite, Apt #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/21/1988

3a. Date of Last Report

07/05/1995

4. FEI Number

59-8779170

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

**BROWDER, CHARLES E.
5205 S. ORANGE AVENUE
ORLANDO FL 32809**

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 filed applicable

(NOTE: Registered Agent signature required when re-registering)

(DATE)

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	BROWDER, CHARLES E.	
STREET ADDRESS	4127 N ORANGE BLOSSOM TR	
CITY - ST - ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BROWDER, NINA M.	
STREET ADDRESS	4127 N ORANGE BLOSSOM TR	
CITY - ST - ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BROWDER, JEFFREY M.	
STREET ADDRESS	4127 N ORANGE BLOSSOM TR	
CITY - ST - ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	BROWDER, CHARLES E.	
13 STREET ADDRESS	7907 BEECHDALE COURT	
14 CITY - ST - ZIP	ORLANDO, FL 32818	
21 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	BROWDER, NINA M.	
23 STREET ADDRESS	7907 BEECHDALE COURT	
24 CITY - ST - ZIP	ORLANDO, FL 32818	
31 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	BROWDER, JEFFREY M.	
33 STREET ADDRESS	7034 LAKE DRIVE	
34 CITY - ST - ZIP	BELLE ISLE, FL 32809	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/26/96 (407) 857-9178
Date Daytime Phone #

CR2E034 (3/96)