

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # K75926 (1)

1. Corporation Name

STAN E. BROWN, INC.



Principal Place of Business

Mailing Address

**3934 SE 13 STR
OCALA FL 34471
US**

**3934 SE 13TH ST
OCALA FL 34471
US**

3. Date Incorporated or Qualified
03/28/1989

3a. Date of Last Report
04/26/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

65-0136303

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BROWN, STANLEY E.
3934 SE 13TH ST
OCALA FL 34471**

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 of Registered Agent (required when first filing)

(P.O. Box Number is Not Acceptable)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

NAME: **D BROWN, STANLEY E.**
STREET ADDRESS: **5950 N.E. 18TH TERR.**
CITY-STATE-ZIP: **FT. LAUDERDALE FL**

2. TITLE ☐ DELETE

NAME: **D GORMAN, CHARLENE M**
STREET ADDRESS: **3934 SE 13 STR**
CITY-STATE-ZIP: **OCALA FL**

3. TITLE ☐ DELETE

NAME: **D LITTLE, DAVID R.**
STREET ADDRESS: **861 S.W. DALTON AVE.**
CITY-STATE-ZIP: **PORT ST. LUCIE FL**

4. TITLE ☐ DELETE

NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

5. TITLE ☐ DELETE

NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

6. TITLE ☐ DELETE

NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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 607, 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

DATE

Daytime Phone #

CR2E034 (12/95)