


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

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90050 021 ***150.00

0489390

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # K75926

1. Corporation Name

STAN E. BROWN, INC.

Principal Place of Business

3934 SE 13 STR
OCALA FL 34471
US

Mailing Address

3934 SE 13TH ST
OCALA FL 34471
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6131 S.E. 85th. Lane Suite, Apt. #, etc.		2a. Mailing Address 26 6131 S.E. 85th. Lane Suite, Apt. #, etc.		3. Date Incorporated or Qualified 03/28/1989	
22 City & State 23 Ocala, FL.		27 City & State 28 Ocala, FL.		4. FEI Number 65-0136303 Applied For Not Applicable	
24 Zip 34472-3404 Country Mairion		29 Zip 34472-3404 Country Mairion		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent BROWN, STANLEY E. 3994 SE 13TH ST OCALA FL 34471		10. Name and Address of New Registered Agent 81 Name Brown, Stanley E. 82 Street Address (P.O. Box Number is Not Acceptable) 6131 S.E. 85th. Lane 83 84 City Ocala FL 85 Zip Code 34472-3404		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No					

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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, STANLEY E.	1.2 NAME	Brown, Stanley E.
STREET ADDRESS	5950 N.E. 18TH TERR.	1.3 STREET ADDRESS	6131 S.E. 85th. Lane
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	Ocala FL. 34472
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORMAN, CHARLENE M	2.2 NAME	Gorman, Charlene M.
STREET ADDRESS	3934 SE 13 STR	2.3 STREET ADDRESS	6131 S.E. 85th Lane
CITY-ST-ZIP	OCALA FL	2.4 CITY-ST-ZIP	Ocala, FL. 34472
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LITTLE, DAVID R.	3.2 NAME	Sammons, Kathleen M.
STREET ADDRESS	861 S.W. DALTON AVE.	3.3 STREET ADDRESS	1710 N.E. 71st. Street
CITY-ST-ZIP	PORT ST. LUCIE FL	3.4 CITY-ST-ZIP	Ocala, FL. 34479
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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: Stanley E Brown Stanley E Brown 2-10-99 800/321-0633
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)