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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # K82281 (2)  1. Corporation Name  BROWN'S CABOOSE, INC.				\$ 10010111 ERE (0170 (1010 1100)	H ((8) 818)  8/8)  8/8)  8/8)  8/8)  8/8)
Principal Place -710-OROHD LADY LAKE	.st. 809 HARPER PLAC	E Adding Address 801 218 ORCHID ST LADY LAKE FL 32159	HARIER PLACE		
				Date Incorporated or Qualified     04/21/1989	3a. Date of Last Report 04/24/1995
2. Principal Place of Business 2a. Mailing Address		2a. Mailing Address		4. FEI Number	Applied For
26		26		59-2949357	Not Applicable
		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
27		City & State		A Francis O	Fee Required
3 28				6. Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for i	
24	25	29	30	Florida Statutes	
	g. Name and Address of Curren	t Hegistered Agent	81 Name 🕡 🗸	10. Name and Address of New R	
BROWN, GEORGE C' BROWN, G. BRADLEY				ROWN, G. BRADLEY	
BROWN, GEORGE C' BROWN, G. BRADLEY 7-18-OROHID ST. 809 HARPER PLACE			82 Street Addre	ess (P.O. Box Number is Not Acceptable 9 HAKPEK PLA	le)
	AKE FL 32159		83	HILFERTA	
			84 City.		0   7   0
			1° 143	YLAKE	FL   85   32159
11. Pursuant to	o the provisions of Sections 607.0502	and 607.1508, Florida Statutes	the above named corners	ation submits this statement for the pur d of directors. I hereby accept the appo	pose of changing its registered office
familiar with	h, and accept the obligations of Section	on 607.0505, Florida Statutes.	by the corporation's board	d or directors. Thereby accept the appo	
SIGNATURE	Mondly 18	ly war		aj	mx 28, 1996
12.	Signature, typed or printed name of registered againt OFFICERS ANI		Registered Agent signature required		DATE
TITLE	PSDT	<b>IX</b> DELETE	1. 1 TITLE	ADDITIONS/CHANGES TO OFF	Change Addition
NAME	BROWN, GEORGE C. DEC	much	1.2 NAME		
STREET ADDRESS	718 ORCHID ST.	ENDE D	1.3 STRFET ADDRESS		
CITY-ST-ZIP	LADY LAKE FL 32159		1.4 City-St-ZiP		
TITLE	VAS PSDT	☐ DELFTE	2 1 TITLE		Change Addition
NAME	Brown, G Bradley 809 Harper Place		22 NAME		
STREET ADDRESS	LADY LAKE FL 12159		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	CADI CARETE JEID I	DELETE	24 CITY-ST-ZIP 3 1 THTLF		Change Addition
NAME			3 2 NAME		change Addition
STREET ADDRESS			3.3. STREET ADDRESS		
CITY - ST - ZIP			3 4 CITY - ST - ZIP		
TITLE		☐ DELETE	4. 1 TITLE		Change Addition
NAME			4.2 NAME		
STREET AOORESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	***************************************	DELETE	4.4 Crt Y - ST - ZiP		F) (1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
NAME		[] Milli	5 1 TITLE 5.2 NAME		Change Addition
STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS		
CITY-SI-ZIP			5 4 CHY-ST-ZIP		
TITLE		□ DELETE	6 1 TITLE		Change Addition
NAME			6.2 NAME		<del>_</del>
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6 4 CITY - ST - ZIP		
oath; that f	the information indicated on this about	al report or supplemental annua ration or the receiver or trustec	al report is true and accurate empowered to execute this	r the exemption stated in Section 119. e and that my signature shall have the report as required by Chapter 607, Flo	come local offect as if made under

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 18, 1994 (352) 753-2280