

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

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K84388** (3)
1. Corporation Name
BROWN'S MOWING SERVICE, INC.

Principal Place of Business
**3275 SAND RD
CAPE CORAL FL 33993
US**

Mailing Address
**3275 SAND RD
CAPE CORAL FL 33909**

FILED
Feb 16 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1218 S.E. 84 AVE Suite, Apt. # etc. Apt #2 City & State CAPE CORAL, FL Zip 33990 Country USA		2a. Mailing Address 26 1218 S.E. 84 AVE Suite, Apt. # etc. Apt #2 City & State CAPE CORAL, FL Zip 33990 Country USA		3. Date Incorporated or Qualified 05/01/1989	
22 CAPE CORAL, FL		27 CAPE CORAL, FL		4. FEI Number 65-0113368	
23 33990		28 33990		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 USA		29 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 USA		30 USA		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BROWN, THOMAS R SR 3275 SAND RD CAPE CORAL FL 33909		10. Name and Address of New Registered Agent 81 Name Christopher M. Brown 82 Street Address (P.O. Box Number is Not Acceptable) 1218 S.E. 84 AVE 83 Apt #2 84 City CAPE CORAL FL 85 33990	
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11. Pursuant to the provisions of Sections 607.0502 and 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, 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 *Christopher M. Brown* Secretary **Christopher M. Brown** 1/20/98
Signed by the President or other officer or director of the corporation (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP BROWN, THOMAS R SR	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, THOMAS R SR	1.2 NAME	
STREET ADDRESS	3275 SAND RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	1.4 CITY-ST-ZIP	
TITLE	DST BROWN, PATRICIA A.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, PATRICIA A.	2.2 NAME	
STREET ADDRESS	3275 SAND RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	2.4 CITY-ST-ZIP	
TITLE	DV BROWN, THOMAS R JR	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, THOMAS R JR	3.2 NAME	
STREET ADDRESS	3275 SAND ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33909	3.4 CITY-ST-ZIP	
TITLE	DV BROWN, CHRISTOPHER M	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, CHRISTOPHER M	4.2 NAME	
STREET ADDRESS	3275 SAND ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33909	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; that I received or trusted to be 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 in an attachment with an address.

SIGNATURE: *Christopher M. Brown* 1/20/98 (941) 573-6098
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2034 (10/97)