

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

FILED
Feb 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/01/1989
4. FEI Number: 65-0113368
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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business: 1218 S.E. 8th AVE, Apt #2, CAPE CORAL, FL 33990, USA
2a. Mailing Address: 1218 S.E. 8th AVE, Apt #2, CAPE CORAL, FL 33990, USA

10. Name and Address of New Registered Agent
81 Name: Christopher M. Brown
82 Street Address: 1218 S.E. 8th AVE
83 Apt #2
84 City: CAPE CORAL, FL 85 Zip: 33990

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

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, THOMAS R SR	
STREET ADDRESS	3275 SAND RD	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	DST	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, PATRICIA A.	
STREET ADDRESS	3275 SAND RD	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	BROWN, THOMAS R JR	
STREET ADDRESS	3275 SAND ROAD	
CITY-ST-ZIP	CAPE CORAL FL 33909	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	BROWN, CHRISTOPHER M	
STREET ADDRESS	3275 SAND ROAD	
CITY-ST-ZIP	CAPE CORAL FL 33909	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Brown, Thomas R. Jr.	
3.3 STREET ADDRESS	1218 S.E. 8th AVE	
3.4 CITY-ST-ZIP	CAPE CORAL FL 33909	
4.1 TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Brown, Christopher M.	
4.3 STREET ADDRESS	1218 SE 8th AVE	
4.4 CITY-ST-ZIP	CAPE CORAL FL 33909	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, 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: *Christopher M. Brown*, Secretary Christopher M. Brown 1/20/98 (941) 573-6098

CFR2E034 (10/97)