

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

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90144 004 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K84388

1. Corporation Name

BROWN'S MOWING SERVICE, INC.

Principal Place of Business

1218 SE 8TH AVENUE
APT. #2
CAPE CORAL FL 33990
US

Mailing Address

1218 SE 8TH AVE
APT. #2
CAPE CORAL FL 33990
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/01/1989

4. FEI Number

65-0113368

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 3501 SAND ROAD

Suite, Apt. #, etc.

22

City & State

23 CAPE CORAL

Zip

24 33993

Country

25 USA

2a. Mailing Address

26 3501 SAND ROAD

Suite, Apt. #, etc.

27

City & State

28 CAPE CORAL, FL

Zip

29 33993

Country

30 USA

9. Name and Address of Current Registered Agent

BROWN, CHRISTOPHER M.
1218 SE 8TH AVENUE
APT. #2
CAPE CORAL FL 33990

10. Name and Address of New Registered Agent

81 Name THOMAS R. BROWN, Jr.
82 Street Address 3501 SAND ROAD
83
84 City CAPE CORAL FL 85 Zip 33993

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 *Thomas R. Brown, Jr.*
Signature typed or printed name of registered agent and title if applicable.

THOMAS R. BROWN, Jr., Pres.

DATE

4-10-99

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	BROWN, THOMAS R JR	
STREET ADDRESS	1218 SE 8TH AVE.	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	BROWN, CHRISTOPHER M	
STREET ADDRESS	1218 SE 8TH AVE.	
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		
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	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
1.2 NAME	THOMAS R. BROWN, Jr.
1.3 STREET ADDRESS	3501 SAND ROAD
1.4 CITY-ST-ZIP	CAPE CORAL, FL 33993
2.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
2.2 NAME	CHRISTOPHER M. BROWN
2.3 STREET ADDRESS	3501 SAND ROAD
2.4 CITY-ST-ZIP	CAPE CORAL, FL 33993
3.1 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
3.2 NAME	THOMAS R. BROWN, Sr.
3.3 STREET ADDRESS	3501 SAND ROAD
3.4 CITY-ST-ZIP	CAPE CORAL, FL 33993
4.1 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
4.2 NAME	PATRICIA A. BROWN
4.3 STREET ADDRESS	3501 SAND ROAD
4.4 CITY-ST-ZIP	CAPE CORAL, FL 33993
5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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 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:

Patricia A. Brown
Signature typed or printed name of signing officer or director

Date

Daytime Phone #

4-10-99

941 573 7684

CR2E034 (11/98)