

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.



DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified
05/01/1989

2. Principal Place of Business
 21 **3501 Sand Road**
 Suite, Apt. #, etc.

2a. Mailing Address
 26 **3501 Sand Road**
 Suite, Apt. #, etc.

4. FEI Number
65-0113368

Applied For
 Not Applicable

22 City & State
 23 **CAPE CORAL**

27 City & State
 28 **CAPE CORAL, FL**

24 Zip **33993** 25 Country **USA** 29 Zip **33993** 30 Country **USA**

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 the current year Intangible Personal Property Tax. Yes No

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, Sr.**
 82 Street Address (P.O. Box Number is Not Acceptable) **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.* **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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	DIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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	DIST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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		<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 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, Secy* DATE: **4-10-99** DAYTIME PHONE #: **941-573-7684**

CR2E034 (11/98)