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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # L41145 (8)

1. Corporation Name
GEORGE BROWN CONSULTING, INC.

Principal Place of Business Mailing Address
991 AUSTIN SPRINGS RD JOHNSON CITY IN 37601 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **01/09/1990** 3a. Date of Last Report **03/11/1994**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

4. FEI Number **59-2985698** Applied For Not Applicable

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 has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**LAWSON, FRANK C.
520 S.E. FORT KING STREET, SUITE A-4
OCALA FL 32671**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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

Signature of the person appointed as registered agent and their address

Signature of the person appointed as registered agent when reinstated

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

101 TITLE **PTD**
102 NAME **BROWN, GEORGE**
103 STREET ADDRESS **RR 2 BOX 108A**
104 CITY-STATE-ZIP **OPP AL**

111 TITLE Change Addition
112 NAME
113 STREET ADDRESS **991 AUSTIN SPRINGS RD**
114 CITY-STATE-ZIP **JOHNSON CITY, TN 37601**

101 TITLE **VSD**
102 NAME **CACARO, VINCENT R.**
103 STREET ADDRESS **RR 2 BOX 108A**
104 CITY-STATE-ZIP **OPP AL**

111 TITLE Change Addition
112 NAME
113 STREET ADDRESS **991 AUSTIN SPRINGS RD**
114 CITY-STATE-ZIP **JOHNSON CITY, TN 37601**

101 TITLE
102 NAME
103 STREET ADDRESS
104 CITY-STATE-ZIP

111 TITLE Change Addition
112 NAME
113 STREET ADDRESS
114 CITY-STATE-ZIP

101 TITLE
102 NAME
103 STREET ADDRESS
104 CITY-STATE-ZIP

111 TITLE Change Addition
112 NAME
113 STREET ADDRESS
114 CITY-STATE-ZIP

101 TITLE
102 NAME
103 STREET ADDRESS
104 CITY-STATE-ZIP

111 TITLE Change Addition
112 NAME
113 STREET ADDRESS
114 CITY-STATE-ZIP

101 TITLE
102 NAME
103 STREET ADDRESS
104 CITY-STATE-ZIP

111 TITLE Change Addition
112 NAME
113 STREET ADDRESS
114 CITY-STATE-ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information contained 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. 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 the filing of this report, or was attached with an address.

SIGNATURE:

George M. Brown
SIGNATURE AND TYPE OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR
George M. Brown

Feb 24, 1995 615 282 4342
Last Four Digits #