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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M48369

1. Corporation Name
R.A. BROWN & SON., ELECTRIC CO., INC.



Principal Place of Business 265 SW PORT ST LUCIE BLVD SUITE 202 PORT ST LUCIE FL 34983 US	Mailing Address 265 SW PORT ST LUCIE BLVD 202 PORT ST LUCIE FL 34984 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1105 Waxhaw Indian Trail Suite, Apt. #, etc. Rd. City & State 22 Unit 280-G Matthews, N.C. Zip 24 28105 Country 25 USA	2a. Mailing Address 26 1105 Waxhaw Indian Suite, Apt. #, or TRAIL ROAD City & State 27 Box 109 Matthews, N.C. Zip 29 28105 Country 30 USA
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3. Date Incorporated or Qualified 03/16/1987	4. FEI Number 59-2785148	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
BROWN, RICHARD A.
1407 SW BILTMORE ST
PORT ST LUCIE FL 34983

81 Name FLORENCE BROWN	82 Street Address (P.O. Box Number is Not Acceptable) 4031 NW 36 TER
83	84 City Lauderdale Lakes, FLA
85 Zip Code 33309	

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 Florence Brown Florence Brown 5-14-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE PVS	NAME BROWN, RICHARD A.	
STREET ADDRESS 265 SW PORT ST LUCIE BLVD	CITY-ST-ZIP PT ST LUCIE FL 34984	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE PVS	1.2 NAME Brown Richard A.	<input checked="" type="checkbox"/>	
1.3 STREET ADDRESS 6840 Poppyhill Lane	1.4 CITY-ST-ZIP APT 1334 Charlotte, NC 28224		
2.1 TITLE	2.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
2.3 STREET ADDRESS	2.4 CITY-ST-ZIP		
3.1 TITLE	3.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
3.3 STREET ADDRESS	3.4 CITY-ST-ZIP		
4.1 TITLE	4.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
4.3 STREET ADDRESS	4.4 CITY-ST-ZIP		
5.1 TITLE	5.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
5.3 STREET ADDRESS	5.4 CITY-ST-ZIP		
6.1 TITLE	6.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
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: Richard A. Brown RED 2-24-99 704-544-1095
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)