FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05007 (2)

1. Corporation Name

DOWNTOWN DEVELOPMENT CORPORATION OF BROOKSVILLE, INC.

Principal Place of Business	Mailing Address
P.O. BOX 875 BROOKSVILLE FL 34605	P.O. BOX 875 BROOKSVILLE FL 34605

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
09/06/1984	03/17/1994

4. FEI Number: 59-2599028 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt #, etc 22	Suite, Apt #, etc 27
City & State 23	City & State 28
Zip 24, Country 25	Zip 29, Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BROWNING, MARK E. 1 NORTH MAIN ST BROOKSVILLE FL 34602	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 ____ DATE ____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	VD ☒ Change ☐ Addition
NAME	LEWIS, BEVERLY	1.2 NAME	KIM LEMON
STREET ADDRESS	5 N. MAIN ST.	1.3 STREET ADDRESS	15299 CORTEZ BLVD
CITY ST ZIP	BROOKSVILLE FL	1.4 CITY ST ZIP	BROOKSVILLE FL
TITLE	TD	2.1 TITLE	☐ Change ☐ Addition
NAME	WOODRUFF, KEN	2.2 NAME	
STREET ADDRESS	801 S. BROAD ST	2.3 STREET ADDRESS	
CITY ST ZIP	BROOKSVILLE FL	2.4 CITY ST ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	CRONWELL, DONNA	3.2 NAME	
STREET ADDRESS	18 NORTH AVE W.	3.3 STREET ADDRESS	
CITY ST ZIP	BROOKSVILLE FL	3.4 CITY ST ZIP	
TITLE	D	4.1 TITLE	SD ☒ Change ☐ Addition
NAME	BROWNING, MARK	4.2 NAME	
STREET ADDRESS	1 N. MAIN ST.	4.3 STREET ADDRESS	
CITY ST ZIP	BROOKSVILLE FL	4.4 CITY ST ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	LASETER, BOBBY	5.2 NAME	
STREET ADDRESS	300 E. FT. DADE AVE.	5.3 STREET ADDRESS	
CITY ST ZIP	BROOKSVILLE FL 34601	5.4 CITY ST ZIP	
TITLE	VD	6.1 TITLE	PD ☒ Change ☐ Addition
NAME	NICHOLSON, NICK	6.2 NAME	
STREET ADDRESS	614 E JEFFERSON ST	6.3 STREET ADDRESS	
CITY ST ZIP	BROOKSVILLE FL	6.4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mark Browning
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95 Date

904-796-3332 Daytime Phone #

0069787