

Feb 07, 2000 8:00 a
Secretary of State

02-07-2000 90034 044 ***150.00

DOCUMENT # P08888

1. Entity Name

BROWNLEE-MORROW ENGINEERING COMPANY, INC.

Principal Place of Business

Mailing Address

7450 CAHABA VALLEY RD
PO BOX 380008
BIRMINGHAM AL 35238-0008
USPO BOX 380008
PO BOX 380008
BIRMINGHAM AL 35238-0008
US

DUU13807

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

63-0512045

Applied

Not

5. Certificate of Status Desired ☐\$8.75 Additions
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax-filing requirement and elects to do so.
(See criteria on back) ☐FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00
Added to

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE	COB	<input checked="" type="checkbox"/> Delete
NAME	MORROW, GORDON, SR.	
STREET ADDRESS	4216 OLD LEEDS LANE	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	VS	<input type="checkbox"/> Delete
NAME	MORROW, MALCOLM A.	
STREET ADDRESS	2780 PUMPHOUSE RD.	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	PT	<input type="checkbox"/> Delete
NAME	MORROW, GORDON, JR.	
STREET ADDRESS	680 ARLINGTON DR.	
CITY-ST-ZIP	LEEDS AL	
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	D	<input type="checkbox"/> Change
NAME	Betty M. Morrow	
STREET ADDRESS	4216 Old Leeds Lane	
CITY-ST-ZIP	Birmingham, AL 35213	
TITLE		<input type="checkbox"/> Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/2000 205-991-72

Date

Daytime Phone #