FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

001360

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 25, 1999 8:00 am
Secretary of State
02-25-1999 90021 021 ***158.75

DOCUMENT # P27343

1. Corporation Name
WIL BROWN & SONS, INC.

Principal Place of Business	Mailing Address
3680 NORTH PEACHTREE ROAD ATLANTA GA 30341	3680 NORTH PEACHTREE ROAD ATLANTA GA 30341

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4355 River Green Parkway Suite, Apt. #, etc. 22 City & State 23 Duluth Georgia Zip 24 30096 Country 25 USA	2a. Mailing Address 26 4355 River Green Parkway Suite, Apt. #, etc. 27 City & State 28 Duluth, GEORGIA Zip 29 30096 Country 30 USA

3. Date Incorporated or Qualifed: 12/18/1989

4. FEI Number: 58-1347682 ☐ Applied For ☐ Not Applicable

5. Certifcate 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	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BROWN, WILBUR L.		1.2 NAME	
STREET ADDRESS	4355 RIVER GREEN PRKWY		1.3 STREET ADDRESS	
CITY-ST-ZIP	DULUTH GA 30096		1.4 CITY-ST-ZIP	
TITLE	VSD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BROWN, EVELYN A.		2.2 NAME	
STREET ADDRESS	4355 RIVER GREEN PRKWAY		2.3 STREET ADDRESS	
CITY-ST-ZIP	DULUTH GA 30096		2. 4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BROWN, MARK P.		3.2 NAME	
STREET ADDRESS	4355 RIVER GREEN PRKWAY		3.3 STREET ADDRESS	
CITY-ST-ZIP	DULUTH GA 30096		3.4. CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4 .2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (11/98)

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: [signature] [illegible] 1/15/99 770291-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #