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

PROFIT CORPORATION ANNUAL REPORT

1998

NAME

STREET ADDRESS CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P92000012575 (6)

BROWN & ASSOCIATES, INC.

Principal Place of Business Mailing Address 855 THUNDERBIRD HILL RD. 855 THUNDERBIRD HILL RD. SEBRING FL 33872 SEBRING FL 33872 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/17/1992 Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 65-0386302 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 30 X Yes 24 25 29 Personal Property Tax due June 30. g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name BROWN, ALTON B 855 THUNDERBIRD HILL ROAD Street Address (P.O. Box Number is Not Acceptable) SEBRING FL 33872 83 City 84 85 Zip Code F 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 ted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. \_\_\_ DELETE Addition PST 1.1 TITLE Change TITLE BROWN, ALTON B NAME 1.2 NAME 855 THUNDERBIRD HILL RD. STREET ADDRESS 1.3 STREET ADDRESS SEBRING FL 33872 CITY-ST-ZIP 1.4 CITY-ST-ZIP ☐ DELETE 2.1 TITLE □ Addition TITLE NAME BROWN, NELLIE W. 2.2 NAME 855 THUNDERBIRD HILL RD. STREET ADDRESS 2.3 STREET ADDRESS SEBRING FL CITY-ST-ZIP 2. 4 CITY-ST-7IP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 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 ☐ DELETE Change ☐ Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP \_\_\_ DELETE. TITLE 6.1 TITLE Change Addition

14. Thereby 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.

6.4 CITY-ST-ZIP

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE: Offer Show UPALTOSO 13 Planow

1-5-98

941-382-0070

**FILED** 

Jan 15 1998 8:00am

Secretary of State