

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

FILED

Feb 13 1997 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # **P93000014204 (0)**

1. Corporation Name

1601 BROWN BOULEVARD INC.

Principal Place of Business

**1801 HERMITAGE BLVD.
STE 600
TALLAHASSEE FL 32308
US**

Mailing Address

**1801 HERMITAGE BLVD
STE 600
TALLAHASSEE FL 32308-7703
US**



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|--------------------------------|---------|---------------------|---------|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 02/25/1993 | 3a. Date of Last Report 03/20/1996 |
| 21 | | 26 | | 4. FEI Number 75-2472199 | Applied For Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 22 | | 27 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| City & State | | City & State | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 23 | | 28 | | | |
| Zip | Country | Zip | Country | | |
| 24 | 25 | 29 | 30 | | |

9. Name and Address of Current Registered Agent

**SCHOW, HORACE II
1801 HERMITAGE BLVD.
SUITE 600
TALLAHASSEE FL 32308**

10. Name and Address of New Registered Agent

| | | | |
|----|--|-----------------------------|--------------------------------|
| 81 | Name | David E. Todd | |
| 82 | Street Address (P.O. Box Number is Not Acceptable) | 1801 Hermitage Blvd. | |
| 83 | | Suite 100 | |
| 84 | City | Tallahassee | 85 Zip Code FL 32308 |

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  **David E. Todd, Assistant General Counsel** **1-22-97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| | | | |
|----------------------------|---|---|---|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | D <input type="checkbox"/> DELETE | 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BENNETT, DOUGLAS W | 12 NAME | |
| STREET ADDRESS | 1801 HERMITAGE BLVD STE 600 | 13 STREET ADDRESS | |
| CITY - ST - ZIP | TALLAHASSEE FL 32308 | 14 CITY - ST - ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MILLER, TODD A. | 22 NAME | |
| STREET ADDRESS | 1801 HERMITAGE BLVD STE 600 | 23 STREET ADDRESS | |
| CITY - ST - ZIP | TALLAHASSEE FL 32308 | 24 CITY - ST - ZIP | |
| TITLE | P <input type="checkbox"/> DELETE | 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PLUMLEE, DANIEL L | 32 NAME | |
| STREET ADDRESS | 8750 N. CENTRAL EXPWY STE 800 | 33 STREET ADDRESS | |
| CITY - ST - ZIP | DALLAS TX 75231-6437 | 34 CITY - ST - ZIP | |
| TITLE | ST <input type="checkbox"/> DELETE | 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SMITH, G. A | 42 NAME | |
| STREET ADDRESS | 8750 N. CENTRAL EXPWY, STE 800 | 43 STREET ADDRESS | |
| CITY - ST - ZIP | DALLAS TX 75231-6437 | 44 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY - ST - ZIP | | 54 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY - ST - ZIP | | 64 CITY - ST - ZIP | |

14. I do 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.

Douglas W. Bennett, Director

CR2E034 (9/96)