

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000044030 (3)**

1. Corporation Name

PAUL BROWN'S LAWN MAINTENANCE, INC.



Principal Place of Business

**112 MARK DAVID BLVD.
CASSELBERRY FL 32707**

Mailing Address

**112 MARK DAVID BLVD.
CASSELBERRY FL 32707**

3. Date Incorporated or Qualified

07/01/1993

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3189434

Applied For

Not Applicable

5. Certificate 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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 **5853 Round Lake Road**

Suite, Apt. #, etc.

2a. Mailing Address

26 **5853 Round Lake Road**

Suite, Apt. #, etc.

City & State

23 **Apopka**

Zip

24 **32712**

County

25 **Orange**

City & State

28 **Apopka**

Zip

29 **32712**

County

30 **Orange**

9. Name and Address of Current Registered Agent

**BROWN, PAUL
112 MARK DAVID BLVD.
CASSELBERRY FL 32707**

10. Name and Address of New Registered Agent

81 Name

Paul Brown

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

5853 Round Lake Road

83

84 City

Apopka

FL

85 Zip Code

32712

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME **PT BROWN, PAUL**
STREET ADDRESS **112 MARK DAVID BLVD.**
CITY-ST-ZIP **CASSELBERRY FL**

1.2 TITLE ☐ DELETE

NAME **VS BROWN, JANE**
STREET ADDRESS **112 MARK DAVID BLVD.**
CITY-ST-ZIP **CASSELBERRY FL**

1.3 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**5853 Round Lake Road
Apopka FL 32712**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**5853 Round Lake Road
Apopka FL 32712**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Paul N. Brown**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-9-96

884-8509

Daytime Phone #

CR2E034 (12/95)