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

Mailing Address

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

FILED Mar 22, 1999 8:00 am

Secretary of State

03-22-1999 90062 002 ***150.00

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000052858

Corporation Name

Principal Place of Business

SIGNATURE:

BROWNSVILLE ORNAMENTAL IRON WORKS, INC.

3520 MOBILE HWY PENSACOLA FL 32505		3520 Mobile Hwy Pensacola fl 32505			DO NOT WRITE IN THIS SPACE					
						3. Date Incorporated or Qualifed 07/22/1993				
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number 59-2967121		A	Applied For	
21		26						l N	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		•	Additional Required	
City & State		- City & State	- City & State -			Election Campaign Financing Trust Fund Contribution				
Zip	Country	Zip	Country	,		8. This corporation owes the curre	nt vear Inta			
24	25	29 3	0			Personal Property Tax.				
	9. Name and Address of Curren					10. Name and Address of New Re	gistered A	gent		
			81	Na	me					
STIN		82 Street Address (P.O. Box Number is Not Acceptable)								
7	PEBBLEVIEW		oz Sire			Audiess (L.O. Box Infilinal is not vocehrans)				
PENS	SACOLA FL		83							
			84	Cit	у		FL	85 Zip	Code	
		O - 1 COT 1500 Flatte Ctatutes	45	<u> </u>		restion cubmits this statement for the		handing if	te registered	
office or re	to the provisions of Sections 607,050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was auth	iorized by	the c	orporation	oration submits this statement for the p n's board of directors. I hereby accept	the appoin	tment as r	registered	
SIGNATURE		A COLUMN TO THE PARTY OF THE PA	iliand Age	-1	tura reacional	when reinstating)	· DATE			
12.	Signature, typed or printed name of registered age	ID DIRECTORS	13.	nt signa	TUTE TECCHIEC	ADDITIONS/CHANGES TO OFF		DIRECT	ORS IN 12	
TITLE	DP OF TREES AN	DELETE	1.1 TITLE					Change		
NAME	STINSON, PAUL D		1.2 NAME]	
STREET ADDRESS	5742 PEBBLEVIEW		1.3 STREE	* 4000	Eee				}	
1	PENSACOLA FL 32583		1.4 CITY-8						4	
CITY-ST-ZIP TITLE	1 2110/100011 2 32333	☐ DELETE	2.1 TITLE	SI-ZIF				☐ Change	e 🔲 Addition	
		<u> </u>	2.2 NAME							
NAME			2.3 STREE	TADOR	ESS					
STREET ADDRESS		*	2. 4 CITY-:			•				
TITLE !		DELETE -						Change	e	
NAME		_	3.2 NAME		- 1				ĺ	
STREET ADDRESS			3.3 STREE	T ADDR	ESS				ļ	
CITY-ST-ZIP			3.4. CITY-							
TILE		☐ DELETE	4.1 TITLE					☐ Change	e Addition	
NAME			4. 2 NAME]	
STREET ADDRESS			4.3 STREE	TADDR	RESS				[
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP						
TITLE		☐ DELETE	5.1 TITLE					Change	e	
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREE	TADDR	RESS					
CITY-ST-ZIP			5.4 CITY-8	T-ZIP						
TITLE		☐ DELETE	6.1 TITLE					☐ Change	e 🔲 Addition	
NAME			6.2 NAME						ŀ	
STREET ADDRESS			6.3 STREE	TADDR	ESS				}	
CITY-ST-ZIP			6.4 CITY-5							
indicated officer or	on this annual report or supplements	I annual report is true and accura eiver or trustee empowered to exe	te and that cute this i	at my report	signature : as requir	ection 119.07(3)(i), Florida Statutes. I shall have the same legal effect as if red by Chapter 607, Florida Statutes;	made unde	r oatn; tna	atiam an	