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

PROFIT CORPORATION ANNUAL REPORT 1998

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

FILED
Mar 13 1998 8:00am
Secretary of State

DOCUMENT # P93000058584 (2)

1. Corporation Name

BETTY M. BROWN, INC.

Principal Place of Business	Mailing Address
4803 MAGILL ROAD JACKSONVILLE FL 32219	4803 MAGILL ROAD JACKSONVILLE FL 32219

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	
21	26	**08/16/1993**	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	**59-3203361**	Not Applicable
City & State	City & State	5. Certificate of Status Desired ☒	$8.75 Additional Fee Required
23	28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No
24	25	29	30	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
COLD, KATHLEEN H ONE INDEPENDENT SQUARE SUITE 2301 JACKSONVILLE FL 32202	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 _____
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	☐ DELETE	1.1 TITLE	*P/D* *Betty M. Brown P/D* ☒ Change ☐ Addition	
NAME	BROWN, BETTY M		1.2 NAME		
STREET ADDRESS	4803 MAGILL ROAD		1.3 STREET ADDRESS	*4803 Magill Rd*	
CITY-ST-ZIP	JACKSONVILLE FL 32219		1.4 CITY-ST-ZIP	*Jax, FL 32219*	
TITLE	S	☐ DELETE	2.1 TITLE	*S* ☐ Change ☒ Addition	
NAME	DONNA B. TOPKINS		2.2 NAME	*Debra J Ahearn*	
STREET ADDRESS	604 WHITFIELD RD		2.3 STREET ADDRESS	*2234 Marica ct.*	
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP	*Orange Park, FL. 32273*	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition	
NAME	BETTY RAE FITZHUGH		3.2 NAME		
STREET ADDRESS	2156 AGAVE MANOR		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORS. INLET FL		3.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition	
NAME	BROWN, KENNETH R		4.2 NAME		
STREET ADDRESS	4803 MAGILL ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		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 (10/97)

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.

Betty M. Brown