

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 # P93000085497 (4)

1. Corporation Name

M. C. BROWN TRUCKING INC.



Principal Place of Business

304 1ST STREET  
OCOE FL 34761

Mailing Address

304 1ST STREET  
OCOE FL 34761

3. Date Incorporated or Qualified  
12/10/1993

3a. Date of Last Report  
04/28/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

9. Name and Address of Current Registered Agent

4. FEI Number  
59-3228491

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

10. Name and Address of New Registered Agent

BROWN, MERVIN  
304 1ST STREET  
OCOE FL 34761

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

TITLE DP ☐ DELETE  
NAME BROWN, MERVIN  
STREET ADDRESS 304 1ST ST  
CITY-ST-ZIP OCOEE FL

TITLE SDT ☐ DELETE  
NAME BROWN, LINDA  
STREET ADDRESS 304 1ST ST  
CITY-ST-ZIP OCOEE FL

TITLE D ☐ DELETE  
NAME CROWE, CAROL  
STREET ADDRESS 135 LYLE ST 703 Ridgefield  
CITY-ST-ZIP OCOEE FL 34761

TITLE D ☐ DELETE  
NAME WITZLER, KAREN  
STREET ADDRESS 1708 STRONG ST 504 Howell Ct  
CITY-ST-ZIP PENSACOLA FL Duluth, Ga. 30134

TITLE D ☐ DELETE  
NAME DELANEY, CONNIE  
STREET ADDRESS 1307 FLEWELLING AVE  
CITY-ST-ZIP OCOEE FL

TITLE DV ☐ DELETE  
NAME DELANEY, JAMES  
STREET ADDRESS 1307 FLEWELLING AVE  
CITY-ST-ZIP OCOEE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D Doty, Martha ☐ Change ☒ Addition  
1.2 NAME  
1.3 STREET ADDRESS 15608 Hidden LK Cir.  
1.4 CITY-ST-ZIP Clermont, FL 34711

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
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: Linda Brown Linda Brown

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/96

407-656-6936

Date

Daytime Phone

CR2E034 (12/95)