

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

FILED

May 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 34761-2331

2. Principal Place of Business

21 304 1st

Suite, Apt. #, etc.

22 City & State
Ocoee FL

23 Zip
34761

Country
Orange

2a. Mailing Address

26 304 First St

Suite, Apt. #, etc.

27 City & State
Ocoee FL

28 Zip
34761

Country
Orange

3. Date Incorporated or Qualified
12/10/1993

3a. Date of Last Report
04/29/1996

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

9. Name and Address of Current Registered Agent

BROWN, MERVIN
304 1ST STREET
OCOE FL 34761

10. Name and Address of New Registered Agent

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

Linda Brown *Linda Brown* *Sec/Treas.* *4/25/97*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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 703 RIDGEFIELD
CITY-ST-ZIP OCOEE FL

TITLE D ☐ DELETE
NAME WITZLER, KAREN
STREET ADDRESS 504 HOWELL CT
CITY-ST-ZIP DALUTH GA

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 ☐ Change ☒ Addition
1.2 NAME Martha Doty
1.3 STREET ADDRESS 15608 Hidden Lk. Circle
1.4 CITY-ST-ZIP Clemons, 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 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.

SIGNATURE: *Linda Brown* *Linda Brown*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/97

Date

408-656-6936

Daytime Phone

CR2E034 (9/96)