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Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90056 028 ***150.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000085497

1. Corporation Name

M. C. BROWN TRUCKING INC.

Principal Place of Business

~~304 1ST STREET~~ 1301 Center St
OCOE FL 34761

Mailing Address

~~304 1ST STREET~~ 1301 Center St
OCOE FL 34761

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/10/1993

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 1301 Center St

22 Suite, Apt. #, etc.

23 City & State

OCOE FL

24 Zip 34761 25 Country USA

9. Name and Address of Current Registered Agent

BROWN, MERVIN
304 1ST STREET
OCOE FL 34761

2a. Mailing Address

26 1301 Center St

27 Suite, Apt. #, etc.

28 City & State

OCOE FL

29 Zip 34761 30 Country USA

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

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

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

TITLE D
NAME CROWE, CAROL
STREET ADDRESS 703 RIDGEFIELD
CITY-ST-ZIP OCOEE FL ☐ DELETE

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

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

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DV Martha J. Doty ☐ Change ☒ Addition
1.2 NAME 15608 Hidden Lake Circle
1.3 STREET ADDRESS Clermont, FL. 34711
1.4 CITY-ST-ZIP

2.1 TITLE DV Wayne Meeks ☐ Change ☒ Addition
2.2 NAME 212 Lewis St.
2.3 STREET ADDRESS OCOEE FL. 34761
2.4 CITY-ST-ZIP

3.1 TITLE DV Jimmy Edward Brown ☐ Change ☒ Addition
3.2 NAME 103 Silver Cluster Ct. N.
3.3 STREET ADDRESS Longwood, FL. 32750
3.4 CITY-ST-ZIP

4.1 TITLE D Witzler, Karen ☒ Change ☐ Addition
4.2 NAME 1551 E Gonzalez
4.3 STREET ADDRESS Pensacola, FL. 32501
4.4 CITY-ST-ZIP

5.1 TITLE D Delaney, Connie ☒ Change ☐ Addition
5.2 NAME 304 First St
5.3 STREET ADDRESS OCOEE FL. 34761
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Linda Brown - Linda Brown

1/16/99 407-656-6936

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)