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95 MAY -1 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
• ANNUAL REPORT
1995

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

DOCUMENT # P94000014649

1. Corporation Name

Brownley Associates, Inc.

Principal Place of Business / Mailing Address

7381 114th Avenue North, Suite 409
Largo, FL 34643

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 2-23-94	3a. Date of Last Report:
4. FEI Number: 59-3265583	☐ 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
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

James C. Rowe, Esquire
Rieden, Earle & Kiefner, P.A.
100 2nd Avenue South, Suite 400N
St. Petersburg, FL 33701

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	11 TITLE	☐ Change ☐ Addition
NAME	Richard E. Brownley	12 NAME	
STREET ADDRESS	413 4th St. NW	13 STREET ADDRESS	
CITY ST ZIP	Largo, FL 34640	14 CITY ST ZIP	
TITLE	SECRETARY/TREASURER	21 TITLE	☐ Change ☐ Addition
NAME	Gary R Eschenroeder	22 NAME	200001485092
STREET ADDRESS	310 Creshwood Lane	23 STREET ADDRESS	-05/12/95--01014--017
CITY ST ZIP	Largo, FL 34640	24 CITY ST ZIP	****200.00 ****200.00
TITLE	DIRECTOR	31 TITLE	☐ Change ☐ Addition
NAME	Richard W Brownley	32 NAME	
STREET ADDRESS	7381 114th Ave N Suite 409	33 STREET ADDRESS	
CITY ST ZIP	Largo, FL 34643	34 CITY ST ZIP	
TITLE	DIRECTOR	41 TITLE	☐ Change ☐ Addition
NAME	Edward Eschenroeder	42 NAME	
STREET ADDRESS	7381 114th Ave N Suite 409	43 STREET ADDRESS	
CITY ST ZIP	Largo, FL 34640	44 CITY ST ZIP	
TITLE	DIRECTOR	51 TITLE	☐ Change ☐ Addition
NAME	FAZIL FAZLIN	52 NAME	
STREET ADDRESS	7381 114TH AVE. N SUITE 409	53 STREET ADDRESS	
CITY ST ZIP	LARGO, FL 34640	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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: Gary R Eschenroeder GARY R ESCHENROEDER, SECRETARY 4/30/95 (813) 544-5503
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

LW