FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P95000000020 (4) **DOCUMENT #**

JOAN E. BROWN, D.P.M., P.A.

Principal Place of Business								
2521 COUNTRYSIDE BLVD								

Mailing Address

ACM CONSTRUCTOR DIVID



Suite, April #, etc. Suite, April #, etc. 2	2521 COUNTI		CLEARWATER FL 34623								
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BROWN, JOAN E		Country		Cou	intry		8. This corporation has liability for i	intangible tax	under	s 199.032,	
BROWN, JOAN E 2521 COUNTRY/SIDE BLVD CLEARWATER FL 34823 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, South change was authorized by the corporation's board of directions. Thereby accept the appointment are registered agent, or both, in the State of Florida, South change was authorized by the corporation's board of directions. Thereby accept the appointment are registered agent. I am familiar with, and accept the appointment are registered agent. I am familiar with, and accept the appointment are registered agent. I am familiar with, and accept the appointment are registered agent. I am familiar with, and accept the appointment are registered agent. I am familiar with, and accept the appointment are registered agent. I am familiar with, and accept the appointment are registered agent. I am familiar with, and accept the appointment are registered affect of the corporation's board of directions. Thereby accept the appointment are registered affect of the corporation's board of directions. Thereby accept the appointment are registered affect of the corporation's board of directions. Thereby accept the appointment are registered affect of the corporation's board of directions. Thereby accept the appointment are registered affect of the corporation's board of directions. Thereby accept the appointment are registered affect of the corporation's board of directions. Thereby accept the appointment are registered affect of the corporation's board of directions. Thereby accept the appointment are registered affect of the corporation's board of directions. Thereby accept the appointment are registered affect of the corporation's board of directions. Thereby accept the appointment are registered affect of the corporation's board of directions. Thereby accept the appointment are registered affect of the corporation's board of direc	24	₋	⊢	30	-			☐ No			
BROWN, JOAN E 2521 COUNTRYSIDE BLVD CLEARWATER FL 34823 BB Chy FL BS Zp Code 11. Fareusent to the provisions of Sections 807.0502 and 607.1508. Florids 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 Florids. Such change was authorized by the corporation's board of directors. I hereby eccept the appointment as registered office or registered agent in the largetable. BROWN, JOAN E 2. OFFICERS AND DIRECTORS 1. THULE D FRICERS AND DIRECTORS 1. THULE D BROWN, JOAN E 2. THULE D BROWN, JOAN E 2. THULE 2. THULE D CHange D BLETE 2. THULE 1. STREET ADDRESS 2. STREET ADDRESS 3. STREET ADDRESS	<u></u>				<u> </u>		10. Name and Address of New R	egistered A	gent		
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2521 COUNTRYSIDE BLVD CLEARWATER FL 34623 83 84	PD/WW	IOAN E				0	(B.O. Boy Number in Not Acceptab	ylo)			
CLEARWATER FL 34823 Sale City					82	Street Addre	ess (P.O. Box Number is Not Acceptab	ne)			
Bay Cry FL BS Zpp Code					83						
IT. Pursuant to the provisions of Sections 607 DSO2 and 607 1508. Floride 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 Ferida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am STERMAN DECEMBER 1.1 Intel® 1.2 Intel® 1.3 Intel® 1.2 Intel® 1.3	ULEARM	MIEH PL 34023									
or registered agent, or both, in the State of Florids. Such change was authorized by the corporation's Doard of precions. In Precipitation as registered agent and accept the obligations of Section 607.0505, Plorids Statutes. Post					84	City			85	Zip Code	
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12	or registere familiar with	ed agent, or both, in the State of Flori	ida. Such change was authoriz	ed by the a	corpo	oration's boar	d of directors. I hereby accept the app	ointment as r	egisteri	ed agent. I am	
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certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall to 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 appears in Block 12 or Block 12 # changed or an an attachment with an address.

NO TYPED OR PAINTE NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: