

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 # P95000032831 (6)

1. Corporation Name

BROWN, THACKER & ASSOCIATES, INC.

Principal Place of Business

3300 S. ATLANTIC AVENUE
DAYTONA BEACH SHORES FL 32118

Mailing Address

3300 S. ATLANTIC AVENUE
DAYTONA BEACH SHORES FL 32118



2. Principal Place of Business

21 800 S. NOVA Rd.
Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 F
City & State

27 City & State

23 ORMOND BEACH
Zip

28 Zip

24 32174 Country

29 Country

25 Volusia

29

9. Name and Address of Current Registered Agent

BROWN, LINDA H
3300 S. ATLANTIC AVENUE
DAYTONA BEACH SHORES FL 32118

3. Date Incorporated or Qualified

04/26/1995

3a. Date of Last Report

4. FEI Number

59-3330196

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

800 S. NOVA Rd. Ste. F

83

84

ORMOND BEACH

FL

85

Zip Code
32174

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 H Brown

Linda H Brown

3-10-96

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BROWN, LINDA H	
STREET ADDRESS	3300 S. ATLANTIC BLVD.	
CITY-ST-ZIP	DAYTONA BEACH SHORES FL 32118	
TITLE	VSTD	<input checked="" type="checkbox"/> DELETE
NAME	THACKER, MARGARET C	
STREET ADDRESS	3300 S. ATLANTIC BLVD.	
CITY-ST-ZIP	DAYTONA BEACH SHORES FL 32118	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	L-E BROWN & ASSOCIATES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	800 S. NOVA RD. SUITE F	
1.3 STREET ADDRESS	ORMOND BEACH FL 32174	
1.4 CITY-ST-ZIP		
2.1 TITLE	DELETE AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	OFFICER OF THE CORP.	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 H Brown

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-96 904-676-0244

Date Daytime Phone #

CR2E034 (12/95)