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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000038347 (7)

BROWN AND ALLEN CONSTRUCTION CO.

Principal Place of Business

Mailing Address

IE N COLLEGE STREET SHITE N

AT N COLLEGE OFF

**FILED** Feb 17 1998 8:00am Secretary of State



MAITLAND FL 32751		MAITLAND FL 32751	MAITLAND FL 32751				
		Million of State			DO NOT WRITE IN TH	DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified		
					05/15/1995		
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For	
21		26	26		59-3315885	Not Applicable	
Suite, Apt. #, otc		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27			5. Certificate of Status Desired	Fee Required	
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28]			Trust Fund Contribution	Added to Fees	
Zip	Country	→ Zip	Country		8. This corporation owes or has paid the		
24	[25]	[29]	30		Personal Property Tax due June 30.	Yes No	
9. Name and Address of Current Registered Agent				\$ None	10. Name and Address of New Registered Agent		
	E LAW FIRM OF LAWRENCE J	SPIEGEL CHRTD	8	1 Name			
	3 ALMERIA AVENUE		8	82 Street Address (P.O. Box Number is Not Acceptable)			
[ CO	ORAL GABLES FL 33134		<u> </u>				
			6	3			
			8	4 City		. 85 Zip Code	
				<u> </u>		L   `   `	
11. Pursuant to	to the provisions of Sections 607.05( legistered agent, or both, in the State	02 and 607 1508, Florida Statut • of Florida, Such channe was	tes, the abo	ve-named	corporation submits this statement for the purpose oration's board of directors. I hereby accept the a	of changing its registered	
agent La	m familiar with, and accept the oblig	ations of Section 607.0505, FI	orida Statut	os.	cration's coard or directors. Thereby accept the a	ppointinent as registered	
SIGNATURE							
	Styriation, type of or printed manae of registere of ma			gent signature	required when reinstating) OATI		
12.	PD UHICHIS AN	D DIRECTORS  DELETE	13.	т	ADDITIONS/CHANGES TO OFFICERS A		
NAME	BROWN, LEROY JR		1.1 TITLE			☐ Change ☐ Addition	
l	15 N. COLLEGE STREET, SU	ITC N	1.2 NAM				
STREET ADDRESS	MAITLAND FL 32751	אוב ט		T ADDRESS			
CITY-ST-ZIP TITLE	STD STD	DELETE	1.4 CITY	ST-ZIP			
NAME	ALLEN, CECIL	L. Deterie	2.1 TITLE			☐ Change ☐ Addition	
	15 N. COLLEGE STREET, SU	ITTE D	2.2 NAME				
STREET ADDRESS	MAITLAND FL 32751	AIE U		T ADDRESS			
CITY-ST-ZIP	MAILMAD FL 32/31	T training	2. 4 CITY				
TITLE	l	☐ DELETE	3.1 TITLE	1		Change	
NAME STREET ADDOLGS	i		3 2 NAME				
STREET ADDRESS				T ADDRESS			
CHTY-ST-ZIP THTLE		DELETE	3 4. CITY			Change	
!!!		C) bereut	4.1 TITLE			Change Addition	
NAME			4. 2 NAM	ŀ			
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-	ST-ZIP		Change Addwise	
NAME		ביין מנונונ	5.1 TITLE			Change Addition	
			5.2 NAME	Į.			
STREET ADDRESS				1 ADDRESS			
CITY-ST-ZIP		Florier	5 4 CITY-	ST-ZIP			
TITLE		DETEAE	6.1 TITLE			☐ Change ☐ Addition	
NAME			6 2 NAME				
STREET ADDRESS			63STREE	T ADDRESS		i	
CITY-ST-ZIP			6.4 CITY-	ST-ZIP			

14. I hereby contify 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 supplierential 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapted or on an altachment with an address.