## 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 # P95000065358 (0)

BROWN'S AUTO WORLD INC. Principal Place of Business Mailing Address 9468 S U S HWY 441 9468 S U S HWY 441 OCALA FL 33480 OCALA FL 33480 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/25/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3335723 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 8. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes \square No 24 30 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent BROWN, ROBERT L 9400 MEADOWOOD DR Street Address (P.O. Box Number is Not Acceptable) 82 FT PIERCE FL 34951 83 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) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition PD TITLE 1.1 TITLE BROWN, ROBERT L NAME 1.2 NAME 9400 MEADOWOOD DR STREET ADDRESS 1.3 STREET ADDRESS FT PIERCE FL 34951 CITY-ST-ZIP 1.4 CITY+ST-ZIP DELETE ☐ Change Addition TITLE 2.1 TITLE BROWN, JUNE T NAME 2.2 NAME 9400 MEADOWOOD DR STREET ADDRESS 2.3 STREET ADDRESS FT PIERCE FL 34951 CITY-ST-ZIP 2.4 CITY+ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE Change 4.1 TITLE Addition TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 C-TY-ST-ZIP DELETE Change Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. Thereby 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.

6.4 CITY - ST-ZIP

CITY-ST-ZIP

ROBERT L RROWN

**FILED** 

Mar 02 1998 8:00am

Secretary of State