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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State ION OF CORPORATIONS

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| DOCUMENT # | P96000032189 | (8) |

#%**Brown**+Bus Service inc. Principal Place of Business Mailing Address 2786 ELLINGTON AVENUE 2786 ELLINGTON AVENUE JACKSONVILLE FL 32209 JACKSONVILLE FL 32209 3. Date Incorporated or Qualified 3a. Date of Last Report 04/11/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2440239 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Added to Fees Trust Fund Contribution Zφ Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032. 24 25 29 30 Florida Statutes ☐ Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BROWN, FELECIAN W 2786 ELLINGTON AVENUE Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32209 83 84 City 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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) 13. DELETE Change K Addition TITLE 1.1 TITLE President NAME 1.2 NAME Felecian W. Brown 2786 Ellington Avenue STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CHY+SI+ZIP <u>Jacksonville, Florida</u> _3<u>2209</u> □ Change DELETE TITLE 21 TIME Addition NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-S1-ZIP DELETE Change Addition TITLE 3.1 THE NAME 3.2 NAME STREET ADDRESS 3.3 STHEFT ADDRESS CITY-ST-ZIP 3.4. City - \$1- zip DELETE TITLE 4 1 THLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CHY - \$1 - Z(P DELETE Change Addition TITLE 61 TITLE 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. I do hereby 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.

SIGNATURE:

(904) 7644177

FILED

May 15 1997 8:00am

Secretary of State