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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000059763 (8)

BROWN EQUIPMENT CO. OF OCALA, INC.

May 13 1998 8:00am Secretary of State

**FILED** 

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4070 S.E. MA OGALA FL 34	RICAMP ROAD 471	4070 S.E. MARICAMP RO/ OCALA FL 34471	AD	DO NOT WRITE IN THIS	SPACE	
				3. Date Incorporated or Qualified		
				07/17/1996		
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21	•	26		59-3406302	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27		6. Certificate of Statos Desired	Fee Required	
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
<sup>Zip</sup>	Country	Zip	Country	8. This corporation owes or has paid the cu	_ ' _ "	
24	25	1 - 1	30	, c. co. c. , topoli, ,	☐ Yes ☐ No	
	9, Name and Address of Curre	ent Registered Agent	Od N	10. Name and Address of New Registered	Agent	
	OWN, E L JR		81 Name			
407	70 S.E. MARICAMP ROAD		82 Street Ac	82 Street Address (P.O. Box Number is Not Acceptable)		
00	ALA FL 34471					
			63			
			84 City	·	85 Zip Code	
				<u>FL</u>	<b>-</b> 1 1	
11. Pursuant to	to the provisions of Sections 607.05 egistered agent, or both, in the Sta	502 and 607.1508, Florida Statute te of Florida. Such change was a	s, the above-named country	orporation submits this statement for the purpose or ration's board of directors. I hereby accept the ap-	of changing its registered [	
agent la	m familiar with, and accept the obli	igations of Section 607.0505, Flo	rida Statutes.			
SIGNATURE						
	Signature, typed or printed name of registered a	igent and tille if applicable (NOTE NO DIRECTORS	Registered Agent signature re	quired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	D DIDECTORS IN 40	
12.	D OFFICERS A	DELETE	13. 1.1 TIFLE	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition	
	•		•		C Ottombe C veguion	
NAME	BROWN, E L JR	n	1.2 NAME			
STREET ADDRESS	4070 S.E. MARICAMP ROAL	U .	1.3 STREET ADDRESS			
CITY-ST-ZIP	OCALA FL 34471	DELETE	1.4 CITY - ST - ZIP		Change Addition	
TITLE			2.1 TITLE		CT CHAIRS CT MODITION	
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADORESS			
CITY-ST-ZIP		I December	2.4 CITY-ST-ZIP		C Observe C Legation	
TITLE		☐ DELETE	3.1 TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		Change Addition	
NAME			4. 2 NAME			
\$TREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE		☐ DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME		ļ	
STREET ADDRESS			5.3 STREET ADDRESS	the transfer of	Ì	
CITY-ST-ZIP			5.4 CITY - ST - ZIP			
TITLE		☐ DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			
		(A) All a delication of the same of the sa	- 4b	the Complete Add Office (C) Charles Complete and I deather a		

I 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.

3< \/\04-2381)