

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 21, 1999 8:00 am**  
**Secretary of State**

04-21-1999 90183 009 \*\*\*150.00

**DOCUMENT # P96000103475**

1. Corporation Name  
**BROWN LABS, INC.**

Principal Place of Business  
**1056 BRENTWOOD DR  
DAYTONA BEACH FL 32117  
US**

Mailing Address  
**1056 BRENTWOOD DR  
DAYTONA BEACH FL 32117  
US**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/20/1996**

4. FEI Number

**59-3416523**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election-Campaign-Financing ☐

**\$5.00** May Be  
Added to Fees

Trust Fund Contribution

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

**21 296 Hartyes Lane**

**26 296 Hartyes Lane**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22**

**27**

City & State

City & State

**23 Ormond Beach, FL**

**28 Ormond Beach, FL**

Zip Country

Zip Country

**24 32174**

**25 U.S.**

**29 32174**

**30 U.S.**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BROWN, WILLIAM ERVIN  
1056 BRENTWOOD DR  
DAYTONA BEACH FL 32117**

**81 Name William Ervin Brown**

**82 Street Address (P.O. Box Number is Not Acceptable)  
296 Hartyes Lane**

**83**

**84 City 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

*William Ervin Brown*

**4/16/99**

DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **DP BROWN, WILLIAM ERVIN**  
STREET ADDRESS **1056 BRENTWOOD DR**  
CITY-ST-ZIP **DAYTONA BEACH FL 32117**

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME **William Ervin Brown** Address  
1.3 STREET ADDRESS **296 Hartyes Lane**  
1.4 CITY-ST-ZIP **Ormond Beach, FL 32174**

TITLE ☐ DELETE  
NAME **DST BROWN, CAROLYN L**  
STREET ADDRESS **1056 BRENTWOOD DR**  
CITY-ST-ZIP **DAYTONA BEACH FL 32117**

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME **Carolyn L. Brown** Address  
2.3 STREET ADDRESS **296 Hartyes Lane**  
2.4 CITY-ST-ZIP **Ormond Beach, FL 32174**

TITLE ☐ DELETE  
NAME **DEV DIPIETRO, LOUIS**  
STREET ADDRESS **1413 ROYAL GROVE LANE**  
CITY-ST-ZIP **PORT ORANGE FL 32119**

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME **Louis DiPietro** Address  
3.3 STREET ADDRESS **149 Harper's Ferry**  
3.4 CITY-ST-ZIP **Daytona Beach, FL 32119**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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, with all other like empowered.

SIGNATURE:

*William Ervin Brown*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/16/99**

DATE

**(904)677-0460**

DAYTIME PHONE #

CR2E034 (1/98)