


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

**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90190 002 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P97000022018</b>					
1. Corporation Name <b>BROWNING PERSONAL SERVICES, INC.</b>					
Principal Place of Business 16920 MAHAN DRIVE TALLAHASSEE FL 32308 US			Mailing Address 16920 MAHAN DRIVE TALLAHASSEE FL 32308 US		
2. Principal Place of Business 21 16920 MAHAN DR. Suite, Apt. #, etc.		2a. Mailing Address 26 16920 MAHAN DR. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 03/05/1997	
22 City & State 23 TALLAHASSEE, FLA.		27 City & State 28 TALLAHASSEE, FLA.		4. FEI Number APPLIED-FOR 65-0832605	
24 32308 25 U.S.A.		29 32308 30 U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent BROWNING, F. TOD 16920 MAHAN DRIVE TALLAHASSEE FL 32308		10. Name and Address of New Registered Agent			
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.		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code			
SIGNATURE <i>N.A.</i> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE NAME BROWNING, GORDON F STREET ADDRESS 16920 MAHAN DRIVE CITY-ST-ZIP TALLAHASSEE FL 32308			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME BROWNING, TOD F STREET ADDRESS 16920 MAHAN DRIVE CITY-ST-ZIP TALLAHASSEE FL 32308			2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME Browning, F. Tod 2.3 STREET ADDRESS 16920 MAHAN DRIVE 2.4 CITY-ST-ZIP TALLAHASSEE, FLA 32308		
TITLE <input type="checkbox"/> DELETE NAME BROWNING, PEGGY A STREET ADDRESS 16920 MAHAN DRIVE CITY-ST-ZIP TALLAHASSEE FL 32308			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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: *Gordon F. Browning* *Gordon F. Browning* 3-6-99 (850) 488-0295  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)