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 # P9700060467 (2)

BROWNWOOD, INC.

FILED Feb 02 1998 8:00am Secretary of State

Principal Place	e of Busines	SS .	Mailing	Mailing Address					JF 00(E) 40(E) 1(()	: 00161 01910 0	.1141 1991 1941	
2409 SW 13TH GAINESVILLE				2409 SW 13TH ST. Gainesville FL 32801				DO NOT WRITE IN THIS SPACE				
								3. Date Incorporated or Qualifie 07/09/1997	od			
2. Principal P	ace of Busi	ness	2a, Ma	2a. Mailing Address				4. FEI Number		TA	pplied	
21				26				59-345 93	12		lot Appl	
Sulte, Apt.	#, etc.			Suite, Apt. #, etc.					_	\$8.75		
22			27	27				5. Certificate of Status Desired			tequired	
City & State	9		City	City & State				6. Election Campaign Financing]	\$5.00	May Be	
23			28					Trust Fund Contribution		Added	to Fees	
— Zip	Country		Zip	Zip Coi		ıntry		8. This corporation owes or has pa		- · - -		
24	25		29							Yes No		
		and Address of Cur	rent Registere	d Agent		81	Name	10. Name and Address of New	Registered A	gent		
	OWN, DAY					01	wame					
	9 SW 131			İ			Street A	Address (P.O. Box Number is Not Accep	ress (P.O. Box Number is Not Acceptable)			
GA	INESVILLE	FL 32601										
						84	City			85 Zip	Code	
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the						bout	nomed	paragration pulpoits this statement for th	FL	obonging	ita raniatarad	
office or re	egistered a	ent, or both, in the Sta	ate of Florida S	Such change was	authorize	d by	the corp	oration's board of directors. I hereby ac	e purpose or cept the appr	changing i bintment as	registered	
agent. I ar	n fam iliar w	ith, and accept the ob	ligations of, Se	ction 607.0505, F	lorida Sta	tutes	3.					
SIGNATURE .	Cionathur, tump	d or printed name of registered	and and the day	Lactic (NC)	T. De grataen	d A a a	nt cissostura e	required when reinstating)	DATE			
12,	Signature, typis		AND DIRECTOR				ili signalule i	ADDITIONS/CHANGES TO OF		DIRECTO	RS IN 12	
TITLE	D			DELETE	1.1 Ti	TLE	· 1			Change	Addition	
NAME	BROWN, DAVID F			1.2 N		1.2 NAME						
STREET ADDRESS		W 11TH TERR.			1.3 5	TREET	ADDRESS					
CITY-ST-ZIP		SVILLE FL 32601			1	ITY-S						
TITLE	D					2.1 TITLE				Change	Addition	
NAME	BROWN	1, STEPHANIE L			2.2 N	AME						
STREET ADDRESS	2000 S	W 11TH TERR.			2.3 S	1 3391	ADDRESS					
CITY-ST-ZIP	GAINES	SVILLE FL 32601			2.40	ITY-S	IT- 21P					
TITLE				DELETÉ	3.1 TI	TLE				Change	Addition	
NAME					3.2 N	AME						
STREET ADDRESS					3.3 S	rreet.	ADDRESS					
CITY-ST-ZIP					3.4. C	11Y-S	T - ZIP					
TITLE				DELETE	4.1 Ti	TLE				Change	Addition	
NAME					4. 2 NAME		1					
STREET ADDRESS					4.3 STREET ADDRESS		ADDRESS					
CITY-ST-ZIP						1Y-51	r-ZIP					
TITLE				DELET É	5.1 TITLE		ŀ		į	Change	Addition	
NAME					5.2 N	AME						
STREET ADDRESS					5.3 Si	REET	ADDRESS					
CITY-ST-ZIP						TY-\$1	r- Z)P					
TITLE				DELETE	6.1 TI				Į	Change	Addition	
NAME					62 N/	ME						
STREET ADDRESS					6351	REET :	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 supplies ental 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 of 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 an all attachment with an address.

DANTO F. BROWN