

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
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90043 039 ***150.00

0453206

DOCUMENT # P97000063286

1. Corporation Name
B. M. BROWNE, INC.

Principal Place of Business
17251-1 ALICO CENTER RD.
FT. MYERS FL 33912

Mailing Address
2446 MALAYA CT. SOUTH
PUNTA GORDA FL 33983

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/18/1997

4. FEI Number 65-0837515
APPLIED FOR

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

WRIGHT, DAVID
17251-1 ALICO CENTER RD.
FT. MYERS FL 33912

10. Name and Address of New Registered Agent

81 Name WRIGHT, DAVID

82 Street Address (P.O. Box Number is Not Acceptable)

2446 MALAYA CT SOUTH

83

84 City PUNTA GORDA FL

85 Zip Code 33983

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)

DATE

28th April 1999

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME WOODS, PETER
STREET ADDRESS 105 E. MARION AVE.
CITY-ST-ZIP PUNTA GORDA FL 33950

TITLE ☒ DELETE

NAME HENSEY, PADDY
STREET ADDRESS 17251-1 ALICO CENTER RD.
CITY-ST-ZIP FT. MYERS FL 33912

TITLE ☒ DELETE

NAME CURTIN, OWEN
STREET ADDRESS 17251-1 ALICO CENTER RD.
CITY-ST-ZIP FT. MYERS FL 33912

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME WOODS, PETER
1.3 STREET ADDRESS 2470 HARBOR LANE
1.4 CITY-ST-ZIP SANIBEL, FLORIDA 33957

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME O'CONNOR, ANTHONY
2.3 STREET ADDRESS 2470 HARBOR LANE
2.4 CITY-ST-ZIP SANIBEL, FLORIDA 33957

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME CARLO, LONICCO
3.3 STREET ADDRESS PO BOX 3179
3.4 CITY-ST-ZIP 3005 CAYNE WAY SUITE A
PORT CHARLOTTE FL 33949

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

28th April 1999 941-2674300

CR2E034 (11/98)