

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 05, 1999 8:00 am
Secretary of State

05-05-1999 90039 041 ***150.00

DOCUMENT # **P97000065455**

1. Corporation Name

BROWN BROTHERS MOBILE OFFICE GROUP, INC.

Principal Place of Business

**6340-B 49TH ST N
PINELLAS PARK FL 33781**

Mailing Address

**6340-B 49TH ST N
PINELLAS PARK FL 33781**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/28/1997

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

4. FEI Number

59-3461040

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

9. Name and Address of Current Registered Agent

**PARMELEE, J D
6340-B 49TH ST N
PINELLAS PARK FL 33781**

10. Name and Address of New Registered Agent

81 Name

James H. Brown

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

3150 65th Street North

83

84 City

St. Petersburg

FL

85 Zip Code

33710

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

James H. Brown

04/29/99

DATE

OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **PARMELEE, J D**
CITY-ST-ZIP **550 N REO ST, SUITE 300
TAMPA FL 33609**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **P**
1.3 STREET ADDRESS **James H. Brown**
1.4 CITY-ST-ZIP **3150 65th Street North
St. Petersburg, FL 33710**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **VP**
2.3 STREET ADDRESS **Cathy J. Munsell**
2.4 CITY-ST-ZIP **2390 60th Street North
St. Petersburg, FL 33710**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **ST**
3.3 STREET ADDRESS **Audrey J. Parmelee**
3.4 CITY-ST-ZIP **4584 Fox Lake Court
Clearwater, FL 33761**

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James H. Brown, Pres. 4/29/99 727-520-0072

Date

Daytime Phone #

CR2E034 (11/98)