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FILED
Feb 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Northrup Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000077982 (1)**

1. Corporation Name

BROWN PRODUCTS, INC.



Principal Place of Business

**1050 SOUTH MCDUFF AVENUE
JACKSONVILLE FL 32205**

Mailing Address

**1050 SOUTH MCDUFF AVENUE
JACKSONVILLE FL 32205**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/08/1997

2. Principal Place of Business

21 3435 UNIV. BLVD N

Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 41131

Suite, Apt. #, etc.

4. FEI Number

59-3478533

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

City & State

23 JACKSONVILLE FLORIDA

City & State

28 JACKSONVILLE FLORIDA

Zip

24 32211

Country

25 USA

Zip

29 32203

Country

30 USA

9. Name and Address of Current Registered Agent

**GILLETTE, JAMES W
1050 SOUTH MCDUFF AVENUE
JACKSONVILLE FL 32205**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

PRES. JAMES W. GILLETTE

(NOTE: Registered Agent signature required when reinstating)

DATE

1/20/98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D GILLETTE, JAMES W**
STREET ADDRESS **1022 POWELL STREET**
CITY-ST-ZIP **STARKE FL 32091**

TITLE ☐ DELETE
NAME **D BROWN, WILLIAM L**
STREET ADDRESS **5447 CONTINA AVENUE**
CITY-ST-ZIP **JACKSONVILLE FL 32277**

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
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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.

SIGNATURE:

James W. Gillette
Signature typed or printed name of signing officer or director

PRES. JAMES W. GILLETTE

DATE

1/24/98

9047454848

CR2E034 (10/97)