

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

FILED

Jan 29 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000087218 (8)

1. Corporation Name  
BROWN DOG VENTURES, INC.



Principal Place of Business

Mailing Address

P.O. BOX 40623  
ST. PETERSBURG FL 33743-0623

P.O. BOX 40623  
ST. PETERSBURG FL 33743-0623

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 1291 Swan Drive

26 P.O. Box 208

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Annapolis MD

28 Severna Park MD

Zip

Country

Zip

Country

24 21401

25 USA

29 21146

30 USA

9. Name and Address of Current Registered Agent

LEVINE & SEGAL, P.A.  
STE. A-108, 4300 N. UNIVERSITY DR.  
FT. LAUDERDALE FL 33351

3. Date Incorporated or Qualified

10/06/1997

4. FEI Number

52-2059147

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

10. Name and Address of New Registered Agent

81 Name

Same

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

President

☐ Change

☒ Addition

1.2 NAME

Jeremiah G. Early

1.3 STREET ADDRESS

5542 19th Ave N.

1.4 CITY-ST-ZIP

St Petersburg Florida 33710

2.1 TITLE

Treasurer

☐ Change

☒ Addition

2.2 NAME

Jeremiah G. Early

2.3 STREET ADDRESS

5542 19th Ave N.

2.4 CITY-ST-ZIP

St Petersburg Florida 33710

3.1 TITLE

Vice President

☐ Change

☒ Addition

3.2 NAME

Wendy T. Lane

3.3 STREET ADDRESS

1291 Swan Drive

3.4 CITY-ST-ZIP

Annapolis MD 21401

4.1 TITLE

Secretary

☐ Change

☒ Addition

4.2 NAME

Wendy T. Lane

4.3 STREET ADDRESS

1291 Swan Drive

4.4 CITY-ST-ZIP

Annapolis MD 21401

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

*[Signature]*

CR2E034 (10/97)