

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
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90016 024 ***150.00

DOCUMENT # P97000096541

1. Corporation Name

BROWN LAND PLANNING AND DEVELOPMENT INC.

Principal Place of Business

**1841 S.E. 73RD STREET
OCALA FL 34480
US**

Mailing Address

**7290 SE 22ND AVENUE
OCALA FL 34480**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/12/1997

4. FEI Number

59-3485479

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

21 1927 SE 73rd Loop

2a. Mailing Address

26 1927 SE 73rd Loop

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Ocala FL

City & State

28 Ocala FL

Zip

Country

24 34480 25 Marion

Zip

Country

29 34480 30 Marion

9. Name and Address of Current Registered Agent

**BROWN, PATRICIA
1841 S.E. 73RD STREET
OCALA FL 34480**

10. Name and Address of New Registered Agent

81 Name

82 Brown Patricia

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

1925 SE 73rd Loop

83

City

Ocala

84

State

FL

85

Zip Code

34480

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

3-8-99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**D
NAME BROWN, MARGARET A
STREET ADDRESS 7290 SE 22ND AVENUE
CITY-ST-ZIP Ocala FL 34480**

TITLE ☐ DELETE

**VPST
NAME BROWN, PATRICIA
STREET ADDRESS 1841 S.E. 73RD STREET
CITY-ST-ZIP Ocala FL 34480**

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-99 352-867-9626

Date

Daytime Phone #

0490728

CR2E034 (11/98)