

2007 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

DOCUMENT # P97000104329

1. Entity Name
BROWN BROTHERS CONCRETE INC.



07 NOV 16 AM 11:03

Principal Place of Business
4151 HWY AVE
JACKSONVILLE, FL 32254 US

Mailing Address
4151 HWY AVE
JACKSONVILLE, FL 32254 US

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11-26-07
10/29/07 01046 01765



REINSTATEMENT 07

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3473949

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROWN, KEITH
4151 HWY AVENUE
JACKSONVILLE, FL 32254

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Keith Brown Keith Brown

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

(NOTE: Registered Agent signature required when reinstating)

11/15/07
DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2008, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
COO
BROWN, CAROLYN
6407 HUGHES ST
JACKSONVILLE, FL 32219 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
BROWN, KEITH
6407 HUGHES ST
JACKSONVILLE, FL 32219 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
BROWN, REGINALD
6407 HUGHES ST
JACKSONVILLE, FL 32219 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T
BROWN, NATHANIEL J
6407 HUGHES ST
JACKSONVILLE, FL 32219 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
BROWN, GEORGE
6407 HUGHES ST
JACKSONVILLE, FL 32219 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Carolyn Brown Carolyn Brown

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/2/07 (904) 387-3464
Date Daytime Phone #