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

DOCUMENT # **P97000105363**

1. Corporation Name

J.M. BROWNING & ASSOCIATES, INC.

Marilina Addressa

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90281 023 ***150.00

Principal Plac	e or Business	Maining Address		<u> </u>
1203 E. ALFRE	D STREET	1203 E. ALFRED STREET		
TAVARES FL 32778 TAVARES FL 32778				DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualifed
				12/15/1997
····				12/13/1997 4. FEI Number Applied For
` .	lace of Business	2a. Mailing Address	LFRED ST	59-3437469 Not Applicable
21 1209			LFEED J.	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired
22 27 27			·	
City & Stat		City & State	61	6. Election Campaign Financing \$5.00 May Be
23 TAVA		28 TAVARES,	01	Trust Fund Contribution Added to Fees
Zip	78 Country	Zip 20770	Country	8. This corporation owes the current year Intangible Personal Property Tax.
24 <i>3</i> 27	10 23 D1111	29 32/18 3	O CARE	r disorial r toporty rax.
.	9. Name and Address of Curren	t Registered Agent	81 Name a	10. Name and Address of New Registered Agent
BDC	NAZNUNIC BRUENA		10-1	BROWHING, JULIE M.
	WNING, JULIE M		ddress (P.O. Box Number is Not Acceptable)	
			 	209 E. ALFRED ST.
TAV.	ARES FL 32778		83	
			84 City	85 Zip Code
			7/	AVARES FL 32778
11 Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	the above-named o	corporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered
office or	registered agent, or both, in the State and familiar with, and accept the obliga	of Florida. Such change was auth	norized by the corpor	ration's board of directors. I hereby accept the appointment as registered
agent. I a	and ramitian with, and acceptance obliga	ubris de-ection 607:0303, Florid	a Statutes.	4/14/99
SIGNATURE	Sgrature, typed or printed name of registered ager	of and title if annlingula (NOTE: R	egistered Agent signature rev	guired when reinstating) DATE
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	n	DELETE	1.1 TITLE	Change Addition
NAME	BROWNING, JULIE M		1.2 NAME	Browning, Julie M-
	1203 E. ALFRED STREET		1.3 STREET ADDRESS	814 Dora Avenue
STREET ADDRESS			E 1.	Tavarcs, FL 32778
CITY-ST-ZIP	TAVARES FL 32778		1.4 City-St-ZiP 2.1 Title	Change Addition
TITLE	8	C. Bette	2.111111	Carrey Paula
NAME	}		2.2 NAME	CRONCH, NACOE DR.
STREET ADDRESS	}		2.3 STREET ADDRESS	11104 WOODSIDE DE100
CITY-ST-ZIP			2.4 CITY-ST-ZIP	CRONCH, RANDY 11104 WOODSIDE DR. LEFSBULG, FL 34788- Change Addition
TITLE		☐ DELETE	3.1 TITLE	
NAME			3.2 NAME	
STREET ADDRESS	;		3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	· Change Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE	 	☐ DELETE	5.1 TITLE	. Change Addition
NAME		_	5.2 NAME	
ł	.		5.3 STREET ADDRESS	
STREET ADDRESS	1		5.4 CITY-ST-ZIP	
C/TY-ST-ZIP	 	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
TITLE			6.2 NAME	
NAME	,		6.3 STREET ADDRESS	
STREET ADDRESS	3	`	6.3 STREET ADDRESS	
			E C LOTTY OF TID	

14. Thereby 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: