

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jul 08, 1999 8:00 am**  
**Secretary of State**

07-08-1999 90007 005 \*\*\*150.00

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DOCUMENT # **P98000026396** ✓

1. Corporation Name

**H.S.BROWN DIVERSIFIED INVESTMENTS, INC.**

Principal Place of Business

1008 PINE ST  
TITUSVILLE FL 32796

Mailing Address

1008 PINE ST  
TITUSVILLE FL 32796

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/19/1998**

4. FEI Number

**59-3505141**

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. ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

**P. O. Box 1142**

27

City & State

28

**Titusville, FL**

29

**32781**

30

**USA**

9. Name and Address of Current Registered Agent

**BROWN, HUGH S**  
**1008 PINE ST**  
**TITUSVILLE FL 32796**

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

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	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BROWN, HUGH S</b>	
STREET ADDRESS	<b>P O BOX 1142 N/A</b>	
CITY-ST-ZIP	<b>TITUSVILLE FL 32780</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BROWN, DEBORAH S</b>	
STREET ADDRESS	<b>P O BOX 1142 N/A</b>	
CITY-ST-ZIP	<b>TITUSVILLE FL 32780</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Hugh S Brown*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6-30-99 407-269-2292**  
Date Daytime Phone #

CR2E034 (5/99)

**H.S. BROWN**  
Diversified Investments, Inc.

P98000026396  
582969-90007-5

P.O. Box 1142  
Titusville, FL 32781  
Tel: (407) 269-3292

June 30, 1999

Annual Reports Filing  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

Today I received the "Profit Corporation Annual Report" packet which was marked "2<sup>nd</sup> Notice." As of this date I have never received a "1<sup>st</sup> Notice." Due to this fact I immediately telephone (850) 488-9000 to verify the filing and was instructed to write a letter and mail it along with the check for \$150.00, which is enclosed.

I am sorry for any inconvenience, but would have been glad to pay on time if I had received the "1<sup>st</sup> Notice." Thank you for your help and cooperation. If additional information is needed, please contact me at the above address or telephone number.

Sincerely,



H. S. Brown