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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000029869

1. Corporation Name

S & D BROWN CONSTRUCTION, INC.

Principal Place of Business

2471 AVACADO ST.
ST. JAMES CITY FL 33956

Mailing Address

2471 AVACADO ST.
ST. JAMES CITY FL 33956

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/01/1998

4. FEI Number

65-0838312

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 2541 TAMARIND ST

2a. Mailing Address

26 PO BOX 243

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 ST JAMES CITY FL

City & State

28 ST JAMES CITY FL

Zip Country

24 33956

25

Zip Country

29 33956

30

9. Name and Address of Current Registered Agent

HERBOTT-BROWN, DEBORAH
2471 AVACADO ST.
ST. JAMES CITY FL 33956

10. Name and Address of New Registered Agent

81 Name HERBOTT-BROWN, DEBORAH
82 Street Address (P.O. Box Number is Not Acceptable)
2541 TAMARIND ST
83
84 City ST JAMES CITY FL 85 Zip Code 33956

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 *Deborah Herbott-Brown*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/1/99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME HERBOTT-BROWN, DEBORAH
STREET ADDRESS P. O. BOX 243
CITY-ST-ZIP ST. JAMES CITY FL 33956

TITLE D ☐ DELETE
NAME BROWN, STEVEN
STREET ADDRESS P. O. BOX 243
CITY-ST-ZIP ST. JAMES CITY FL 33956

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 D, P, S, T ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE D, V ☒ 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: *Deborah Herbott-Brown*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DEBORAH HERBOTT-BROWN

Date

Daytime Phone #

941-283-5771

CR2E034 (1.1/98)