

09211999-90018-039-\$550.00-\$550.00

1999.

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 IF DISSOLVED, MINIMUM AMOUNT DUE TO MAINSTATE: \$/NO.

0013028

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS																																																																																																															
DOCUMENT # P98000057655 1. Corporation Name JOHNSON AND BROWN ENTERPRISES, INC.																																																																																																																			
Principal Place of Business 500 SOUTH HIGHLAND STREET MOUNT DORA FL 32757			Mailing Address 500 SOUTH HIGHLAND STREET MOUNT DORA FL 32757																																																																																																																
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date incorporated or Qualified 07/01/1998 4. FEI Number 59-3277396 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																																																																																																															
9. Name and Address of Current Registered Agent CERGIZAN, FRANK 2502 E. ORANGE AVENUE EUSTIS FL 32726			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																																																																																																			
12. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>PTD</td> <td>☐ DELETE</td> </tr> <tr> <td>NAME</td> <td>JOHNSON, FREDERICK R</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>500 SOUTH HIGHLAND STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MOUNT DORA FL 32757</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VSD</td> <td>☐ DELETE</td> </tr> <tr> <td>NAME</td> <td>BROWN, CHARLES L</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>500 SOUTH HIGHLAND STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MOUNT DORA FL 32757</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						TITLE	PTD	☐ DELETE	NAME	JOHNSON, FREDERICK R		STREET ADDRESS	500 SOUTH HIGHLAND STREET		CITY-ST-ZIP	MOUNT DORA FL 32757		TITLE	VSD	☐ DELETE	NAME	BROWN, CHARLES L		STREET ADDRESS	500 SOUTH HIGHLAND STREET		CITY-ST-ZIP	MOUNT DORA FL 32757		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 <table border="1"> <tr> <td>1.1 TITLE</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>1.2 NAME</td> <td></td> </tr> <tr> <td>1.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>1.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>2.1 TITLE</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>2.2 NAME</td> <td></td> </tr> <tr> <td>2.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>2.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>3.1 TITLE</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>3.2 NAME</td> <td></td> </tr> <tr> <td>3.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>3.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>4.1 TITLE</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>4.2 NAME</td> <td></td> </tr> <tr> <td>4.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>4.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>5.1 TITLE</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>5.2 NAME</td> <td></td> </tr> <tr> <td>5.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>5.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>6.1 TITLE</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>6.2 NAME</td> <td></td> </tr> <tr> <td>6.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>6.4 CITY-ST-ZIP</td> <td></td> </tr> </table>		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	
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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: Charles L. Brown SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																																																																																			

FILED

99 OCT -4 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9/21/99 90018039 \$550.00

DO NOT WRITE IN THIS SPACE

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9/14/99 352-383-6511
Date Daytime Phone #