

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90198 008 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000063289

1. Corporation Name
BROWN BEAR, INC.

Principal Place of Business
**14270 CARLSON CIRCLE
TAMPA FL 33626**

Mailing Address
**14270 CARLSON CIRCLE
TAMPA FL 33626**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/17/1998

4. FEI Number

593525888

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 **22043 US 19 NORTH**

Suite, Apt. #, etc.

22 City & State

23 **Clearwater, FL**

24 Zip **33765** 25 Country **USA**

2a. Mailing Address

26 **22043 US 19 N**

Suite, Apt. #, etc.

27 City & State

28 **Clearwater, FL**

29 Zip **33765** 30 Country **USA**

9. Name and Address of Current Registered Agent

**HANEY, R R
101 EAST KENNEDY BOULEVARD
SUITE 4100
TAMPA FL 33602**

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

Laura Flowers

1-7-1999

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 **D** ☐ DELETE
NAME **FLOWERS, LAURA**
STREET ADDRESS **14270 CARLSON CIRCLE**
CITY-ST-ZIP **TAMPA FL 33626**

TITLE **D** ☐ DELETE
NAME **CHALACHE, LYNN**
STREET ADDRESS **14270 CARLSON CIRCLE**
CITY-ST-ZIP **TAMPA FL 33626**

TITLE **D** ☐ DELETE
NAME **TERRELL, JANE**
STREET ADDRESS **14270 CARLSON CIRCLE**
CITY-ST-ZIP **TAMPA FL 33626**

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** ☐ Change ☐ Addition
1.2 NAME **Laura Flowers**
1.3 STREET ADDRESS **22043 US 19 NORTH**
1.4 CITY-ST-ZIP **Clearwater, FL 33765**

2.1 TITLE **D** ☐ Change ☐ Addition
2.2 NAME **Chalache, Lynn**
2.3 STREET ADDRESS **22043 US 19 N**
2.4 CITY-ST-ZIP **Clearwater, FL 33765**

3.1 TITLE **D** ☐ Change ☐ Addition
3.2 NAME **Terrell, Jane**
3.3 STREET ADDRESS **22043 US 19 N**
3.4 CITY-ST-ZIP **Clearwater, FL 33765**

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:

Laura Flowers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 7, 99 (727) 669-8280
Date Daytime Phone #

CR2E034 (11/98)