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

May 08 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # S05648 **BROWN AND SONS PAINT CONTRACTORS, INC.** Principal Place of Business Mailing Address 4635 DEERFIELD DR 4635 DEERFIELD DR PENSACOLA FL 32526 PENSACOLA FL 32526 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/09/1990 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3029833 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Žip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 BROWN, GENEVIEVE M. 4635 DEERFIELD DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) PENSACOLA FL 32526 83 84 City 85 Zip Code 11. Pursuant to the provisions of Soctions 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** Standure, typed or poulod name of registered agent and the if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Addition Change TITLE DELETÉ 1.1 TITLE BROWN, ROBERT A. NAME 1.2 NAME CR2E034 4635 DEERFIELD DR STREET ADDRESS 1.3 STREET ADDRESS PENSACOLA FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change ☐ Addition TITLE 2 1 TITLE BROWN, GENEVIEVE M. NAME 2.2 NAME **4635 DEERFIELD DR** STREET ADDRESS 2.3 STREET ADDRESS PENSACOLA FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE BROWN, CHRISTIAN N. 3.2 NAME NAME 5635 DEERFIEL DR STREET ADDRESS 3.3 STREET ADDRESS **PENSACOLA FL** CITY-ST-ZIP 3.4. CITY - ST- ZIP TITLE DELETE 4.1 TO LE Change Addition BROWN, SCOTT A. NAME 4. 2 NAME 4635 DEERFIELD DR STREET ADDRESS 4.3 STREET ADDRESS PENSACOLA FL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 51 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Change DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST- ZIP 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 logal effect as if made under eath; 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 or changed, or on an attachment with an address.

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