


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 16, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S15445</b> 1. Entity Name T.O. BROWNING & SON, INC.	
---	---

Principal Place of Business 419 HENRY COURT GREEN COVE SPRINGS, FL 32043	Mailing Address 419 HENRY COURT GREEN COVE SPRINGS, FL 32043
--	--

**DO NOT WRITE IN THIS SPACE**



03152004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3040230	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  WOLF, WAYNE A. 3733 UNIVERSITY BLVD. WEST SUITE 106 JACKSONVILLE, FL 32217	<b>DO NOT WRITE IN THIS SPACE</b>
--	---------------------------------------

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U000000089850 03/16/04 00005 016 150.00
---	---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT BROWNING, T.O. 419 HENRY COURT GREEN COVE SPRING, FL 320439544
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BROWNING, JANE G. 419 HENRY COURT GREEN COVE SPRING, FL 320439544
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BROWNING, THOMAS DARRELL 997 LAKE ASBURY DRIVE GREEN COVE SPRING, FL 320439544
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Jane G. Browning Jane G. Browning 3/15/04 204 282-4658  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #