

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S26871** (1)

1. Corporation Name
BROWN/MEISENHEIMER, INC.



Principal Place of Business
**8961 COLLEGE PKWY
FT MYERS FL 33919**

Mailing Address
**8961 COLLEGE PKWY
FT MYERS FL 33919**

3. Date Incorporated or Qualified
01/22/1991

3a. Date of Last Report
03/27/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0239822	Applied For ☐ Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	
24. Country	29. Country		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEWIS, MARK R.
3131 66TH ST N
STE A
ST PETERSBURG FL 33710**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

85. Zip Code

FL

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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1. TITLE	☐ Change ☐ Addition
NAME	MEISENHEIMER, ROBERT C.	12. NAME	
STREET ADDRESS	3731 LIBERTY SQUARE	13. STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	14. CITY-ST-ZIP	
TITLE	S ☐ DELETE	2. TITLE	☐ Change ☐ Addition
NAME	BROWN, LINDA L.	22. NAME	
STREET ADDRESS	3731 LIBERTY SQUARE	23. STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33908	24. CITY-ST-ZIP	
TITLE	☐ DELETE	3. TITLE	☐ Change ☐ Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY-ST-ZIP		34. CITY-ST-ZIP	
TITLE	☐ DELETE	4. TITLE	☐ Change ☐ Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-ST-ZIP		44. CITY-ST-ZIP	
TITLE	☐ DELETE	5. TITLE	☐ Change ☐ Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-ST-ZIP		54. CITY-ST-ZIP	
TITLE	☐ DELETE	6. TITLE	☐ Change ☐ Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-ST-ZIP		64. CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____

ROBERT C. MEISENHEIMER 4/9/96 (941) 481-9521

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (12/95)