

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 # **S38935** (0)

1. Corporation Name

BROWNLEE, HOFFMAN & JACOBS, P.A.



Principal Place of Business

Mailing Address

**255 SOUTH ORANGE AVE
SUITE 1100
ORLANDO FL 32801**

**255 SOUTH ORANGE AVE
SUITE 1100
ORLANDO FL 32801**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 **1101**

26 Suite, Apt. #, etc.
27 **1101**

23 City & State

28 City & State

24 Zip
25 Country

29 Zip
30 Country

3. Date Incorporated or Qualified

03/19/1991

3a. Date of Last Report

10/23/1995

4. FEI Number

59-3055612

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BROWNLEE, JACKSON O.
255 SOUTH ORANGE AVENUE
SUITE 1100
ORLANDO FL 32801-3459**

81 Name

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

83

Suite 1101

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

Signature based on previous filing. Registered agent, name, title, and address.

Signature based on previous filing. Registered agent, name, title, and address.

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	BROWNLEE, JACKSON O.	
STREET ADDRESS	255 S. ORANGE AVE	
CITY - ST - ZIP	ORLANDO FL	
TITLE	D	☐ DELETE
NAME	HOFFMAN, ELMO R.	
STREET ADDRESS	255 S. ORANGE AVE	
CITY - ST - ZIP	ORLANDO FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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	☐ 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	

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:

Jackson O. Brownlee

JACKSON O. BROWNLEE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-96

407-872-6414

Date

Daytime Phone

CR2E034 (12/95)