FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S 46865 (9)

1. Corporation Name

THE BROWN SWANN PRODUCTION CO., INC.
P.O. Box 2257
Tampa, FL 33601

Principal Place of Business	Mailing Address
3601 Swann Ave. Ste. 207 Tampa, FL 33629	P.O. Box 2257 Tampa, FL 33601

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 4-16-91
3a. Date of Last Report: 2-24-94

2. Principal Place of Business	2a. Mailing Address
21 4519 W Crest Ave,	26 P.O. Box 151007
Suite, Apt #, etc: 22	Suite, Apt #, etc: 27
City & State: 23 Tampa, FL	City & State: 28 Tampa, FL
Zip: 24 33601 Country: 25 USA	Zip: 29 33684-1007 Country: 30 USA

4. FEI Number: 650267444 — 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

James S. Judy
923 So. Himes Ave.
Tampa, FL 33629

10. Name and Address of New Registered Agent

81 Name: Dolores Adams
82 Street Address (P.O. Box Number is Not Acceptable): 449 Magellan Dr.
83:
84 City: Sarasota FL 85 Zip Code: 34243

11. Pursuant to the provisions of Sections 607.0503 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: Dolores Adams Treasurer — 5/1/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mandated) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	President ☒ Change ☐ Addition
NAME	Henry C. Brown	12 NAME	Mary Brown
STREET ADDRESS	802 S. Edison Ave.	13 STREET ADDRESS	802 S. Edison Ave.
CITY ST ZIP	Tampa, FL 33606	14 CITY ST ZIP	Tampa, FL 33606
TITLE	D	21 TITLE	Treasurer ☒ Change ☐ Addition
NAME	James S. Judy	22 NAME	Dolores Adams
STREET ADDRESS	923 So. Himes AV	23 STREET ADDRESS	449 Magellan Dr.
CITY ST ZIP	Tampa, FL 33629	24 CITY ST ZIP	Sarasota, FL 34243
TITLE		31 TITLE	Secretary ☒ Change ☐ Addition
NAME		32 NAME	Patricia Gillette
STREET ADDRESS		33 STREET ADDRESS	3010 Tarabrook Dr.
CITY ST ZIP		34 CITY ST ZIP	Tampa, FL 33618
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	400001478304
STREET ADDRESS		43 STREET ADDRESS	-05/08/95--01051--013
CITY ST ZIP		44 CITY ST ZIP	****200.00 ****200.00
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	pd 5 11
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 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)(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.

SIGNATURE: Dolores Adams — 4/24/95 — 1(813)279-8978
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)