

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **S46865** (9)

1. Corporation Name

**THE BROWN SWANN PRODUCTION CO., INC.**



Principal Place of Business

**4519 W CREST AVE  
TAMPA FL 33601  
US**

Mailing Address

**P.O. BOX 151007  
TAMPA FL 33684-1007  
US**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**ADAMS, DOLORES  
449 MEGELLAN DR  
SARASOTA FL 34243**

3. Date Incorporated or Qualified

**04/16/1991**

3a. Date of Last Report

**05/01/1995**

4. FEI Number

**65-0267444**

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

10. Name and Address of New Registered Agent

81. Name

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

83.

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of person or persons named as registered agent and title, if applicable

(NOTE: Registered Agent Signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME  
**BROWN, MARY**  
STREET ADDRESS  
**802 S EDISON AVE**  
CITY-ST-ZIP  
**TAMPA FL 33606**

1.2 TITLE ☐ DELETE

NAME  
**ADAMS, DOLORES**  
STREET ADDRESS  
**449 MAGELLAN DR**  
CITY-ST-ZIP  
**SARASOTA FL 34243**

1.3 TITLE ☒ DELETE

NAME  
**GILLETTE, PATRICIA**  
STREET ADDRESS  
**3010 TARABROOK DR**  
CITY-ST-ZIP  
**TAMPA FL 33618**

1.4 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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 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 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Dolores Adams*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*March 5, 1996 (813) 897-2878*  
Date Daytime Phone #

CR2E034 (12/95)