FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # \$83178

(1)

BROWNELL CONSTRUCTION COMPANY, INC.

Mailing Address Principal Place of Business P O BOX 1363 410 WARE BOULEVARD BRANDON FL 33509-1363 **SUITE 500-38 TAMPA FL 33619** 3. Date Incorporated or Qualified 3a. Date of Last Report 01/19/1996 09/26/1991 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 59-3084944 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional П 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Zip Yes 🔲 No Florida Statutes 25 29 30 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BROWNELL, STEPHEN B. 123 HICKORY CREEK DRIVE Street Address (P.O. Box Number is Not Acceptable) **BRANDON FL 33511** 83 84 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 Signarine improdior printed name of registered agent and little dispolicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. Addition Change DELETE 1.1 TITLE TITLE BROWNELL, STEPHEN B. 1.2 NAME NAME 123 HICKORY CREEK DR. 1.3 STREET ADDRESS STREET ADDRESS **BRANDON FL** CITY-ST-ZIP 1.4 City-St-ZIF Change Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIF Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE THEE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE NAME 5 2 NAME **53 STREET ADDRESS** STREET ADDRESS 54 CITY-ST-ZIP CITY - ST - ZIF Change Addition DELETE 61 TITLE TITLE NAME 6.2 NAME **6.3 STREET ADDRESS** STREET ADDRESS 64 CITY-ST-ZIP

SIGNATURE:

appears in Block 12 or

Stephen B. Brownell

changed, or on an attachment with an address

14. I do 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 annual upport 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 conformation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

(813) 626-8784

FILED

Jan 14 1997 8:00am

Secretary of State

Daytime Phone #