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FILED
May 12 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # S93824 (8)

1. Corporation Name
BROWN CLARK, A PROFESSIONAL ASSOCIATION

Principal Place of Business

Mailing Address

1819 MAIN ST
STE 1100
SARASOTA FL 34236
US

P O DRAWER 49087
SARASOTA FL 34230
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/13/1991

4. FEI Number

65-0283274

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

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

10. Name and Address of New Registered Agent

BROWN DARYL J.
1819 MAIN ST SUITE 1100
SARASOTA FL 34236

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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE V ☒ DELETE
NAME BROWN, JOHN E.
STREET ADDRESS 1819 MAIN ST STE 1100
CITY-ST-ZIP SARASOTA FL

1.1 TITLE President ☐ Change ☒ Addition
1.2 NAME Daryl J. Brown
1.3 STREET ADDRESS 1819 Main Street, #1100
1.4 CITY-ST-ZIP Sarasota, FL 34236

TITLE V ☒ DELETE
NAME MILONAS, TASO M.
STREET ADDRESS 1819 MAIN ST STE 1100
CITY-ST-ZIP SARASOTA FL

2.1 TITLE Treasurer/Secretary ☐ Change ☒ Addition
2.2 NAME Donald D. Clark
2.3 STREET ADDRESS 1819 Main Street, #1100
2.4 CITY-ST-ZIP Sarasota, FL 34236

TITLE D ☒ DELETE
NAME WALTERS, JOEL W.
STREET ADDRESS 1819 AMIN ST STE 1100
CITY-ST-ZIP SARASOTA FL

3.1 TITLE Vice President ☐ Change ☒ Addition
3.2 NAME William G. Christopher
3.3 STREET ADDRESS 1819 Main Street, #1100
3.4 CITY-ST-ZIP Sarasota, FL 34236

TITLE V ☒ DELETE
NAME LEVINE, STUART J.
STREET ADDRESS 1819 MAIN ST STE 1100
CITY-ST-ZIP SARASOTA FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE V ☒ DELETE
NAME MCDEVITT, CAROLYN F.
STREET ADDRESS 1819 MAIN ST STE 1100
CITY-ST-ZIP SARASOTA FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 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 *[Signature]* 4-30-98 1941-957-3122

CR2E034 (10/97)