

PROFIT
CORPORATION
ANNUAL REPORT

1998 1999



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

FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90024 024 ***150.00

DOCUMENT # **S93824** (8)

1. Corporation Name

BROWN CLARK, A PROFESSIONAL ASSOCIATION

Principal Place of Business

1819 MAIN ST
STE 1100
SARASOTA FL 34236
US

Mailing Address

P O DRAWER 49887
SARASOTA FL 34230
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

3. Date Incorporated or Qualified

11/13/1991

4. FEI Number

65-0293274

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

9. Name and Address of Current Registered Agent

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

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 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

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, JOHN E.	
STREET ADDRESS	1819 MAIN ST STE 1100	
CITY-ST-ZIP	SARASOTA FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	MILONAS, TASO M.	
STREET ADDRESS	1819 MAIN ST STE 1100	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WALTERS, JOEL W.	
STREET ADDRESS	1819 AMIN ST STE 1100	
CITY-ST-ZIP	SARASOTA FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	LEVINE, STUART J.	
STREET ADDRESS	1819 MAIN ST STE 1100	
CITY-ST-ZIP	SARASOTA FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	MCDEVITT, CAROLYN F.	
STREET ADDRESS	1819 MAIN ST STE 1100	
CITY-ST-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Daryl J. Brown	
1.3 STREET ADDRESS	1819 Main Street, #1100	
1.4 CITY-ST-ZIP	Sarasota, FL 34236	
2.1 TITLE	Treasurer/Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Donald D. Clark	
2.3 STREET ADDRESS	1819 Main Street, #1100	
2.4 CITY-ST-ZIP	Sarasota, FL 34236	
3.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	William G. Christopher	
3.3 STREET ADDRESS	1819 Main Street, #1100	
3.4 CITY-ST-ZIP	Sarasota, FL 34236	
4.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Lynn H. Groseclose	
4.3 STREET ADDRESS	1819 Main Street, #1100	
4.4 CITY-ST-ZIP	Sarasota, FL 34236	
5.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Douglas E. Polk	
5.3 STREET ADDRESS	1819 Main Street, #1100	
5.4 CITY-ST-ZIP	Sarasota, FL 34236	
6.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Daniel J. Demay	
6.3 STREET ADDRESS	1819 Main Street, #1100	
6.4 CITY-ST-ZIP	Sarasota, FL 34236	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William G. Christopher

4-30-99 941-957-3800

Date

Daytime Phone # 0449954

TELEPHONE #