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PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(2)

BROWN BROTHERS ENTERPRISES, INC. Principal Place of Business Mailing Address 1322 THOMASWOOD DR. 1322 THOMASWOOD DR TALLAHASSEE FL 32312 TALLAHASSEE FL 32312 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/27/1991 FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-3100199 Not Applicable 21 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 8. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes ☐ No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BROWN, MATTHEW 1322 THOMASWOOD DR. 82 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32312 вз 84 City Zip Code 85 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (10/97 12 OFFICERS AND DIRECTORS 13. DELFIE 1.1 TITLE Change __ Addition TITLE BROWN, MATTHEW 1.2 NAME NAME 1322 THOMASWOOD DRIVE STREET ADDRESS 1.3 STREET ADDRESS TALLAHASSEE FL CITY-SI-ZIP 14 CITY-ST-ZIP DELETE ☐ Change Addition 2.1 THLE TITLE BROWN, WILLIAM B 2.2 NAME NAME 8505 PTARMIGAN STREET ADDRESS 2.3 STREET ADDRESS **BOZEMAN MT** 2 4 CITY-ST-ZIP CITY - ST- 2IP DELETE Change Addition TITLE 3.1 TIFLE BROWN, ALLEN G 3.2 NAME NAME 6936 MAGOLLON DR. STREET ADDRESS 3.3 STREET ADDRESS **BOXEMAN MT 59715** 34. CHY-ST-ZIP CITY - ST - ZIP TITLE DELETE 4.1 THLE Change Addition NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CITY - ST - ZIP CITY - ST-ZIP DELETE Change Addition 51 TIFLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 54 City-St-ZiP CITY-ST-ZIP DELETE Addition Change TITLE 6.1 TITLE 6.2 NAME STREET ADDRESS 63 STREET ADDRESS

64 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 employed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE:

Block 12 or Block 13 if changed, or on an attact

417 198

850-385-7800

FILED

Apr 22 1998 8:00am

Secretary of State