FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED AND FILED

95 MAY 16 PM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V61043** **(8)**

1. Corporate Name

BROWN PROPERTIES, INC.

Principal Place of Business

40 AUDUSSON AVE.
PENSACOLA FL 32507

Mailing Address

40 AUDUSSON AVE.
PENSACOLA FL 32507

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/31/1992**

3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22 / 27

City & State — 23 / 28

ZIP — 24 / County — 25 / ZIP — 29 / County — 30

4. FEI Number: **59-3126726** ☐ 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 infringing tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

BROWN, WARREN TED
40 AUDUSSON AVE.
PENSACOLA FL 32507

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
01 TITLE	PD	11 TITLE	☐ Change ☐ Addition
02 NAME	BROWN, WARREN TED	12 NAME	
03 STREET ADDRESS	1700 OSCEOLA BLVD	13 STREET ADDRESS	
04 CITY ST ZIP	PENSACOLA FL	14 CITY ST ZIP	
05 TITLE	D	21 TITLE	☐ Change ☐ Addition
06 NAME	BRYAN, W H	22 NAME	
07 STREET ADDRESS	3705 MACKY COVE	23 STREET ADDRESS	
08 CITY ST ZIP	PENSACOLA FL	24 CITY ST ZIP	
09 TITLE	D	31 TITLE	☐ Change ☐ Addition
10 NAME	BRYAN, SHIRLEY F	32 NAME	
11 STREET ADDRESS	3705 MACKY COVE	33 STREET ADDRESS	
12 CITY ST ZIP	PENSACOLA FL	34 CITY ST ZIP	
13 TITLE	D	41 TITLE	☐ Change ☐ Addition
14 NAME	BRYAN, STEVE M	42 NAME	
15 STREET ADDRESS	7614 N POINTE DRIVE	43 STREET ADDRESS	
16 CITY ST ZIP	PENSACOLA FL	44 CITY ST ZIP	
17 TITLE	D	51 TITLE	☐ Change ☐ Addition
18 NAME	BRYAN, GARY W	52 NAME	
19 STREET ADDRESS	4920 RIGBY COURT	53 STREET ADDRESS	
20 CITY ST ZIP	PENSACOLA FL	54 CITY ST ZIP	
61 TITLE		61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is absolutely true and correct and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 above, or on an attachment with an address.

SIGNATURE: *Warren T. Brown*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-5-95 (Date) 904-453-3471 (Daytime Phone #)

0389488 CP