

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



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

**DOCUMENT # V61043 (8)**

1. Corporation Name  
**BROWN PROPERTIES, INC.**



Principal Place of Business  
**40 AUDUSSON AVE.  
PENSACOLA FL 32507**

Mailing Address  
**40 AUDUSSON AVE.  
PENSACOLA FL 32507**

3. Date Incorporated or Qualified **08/31/1992** 3a. Date of Last Report **05/16/1995**  
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 intangible tax under s. 199.032  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country 29 Zip 30 Country

**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

Signature type (Type print name of registered agent and title, if applicable)

(If Not Required Agent signature required when reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
<b>PD</b>	<b>BROWN, WARREN TED</b>	<b>1700 OSCEOLA BLVD</b>	<b>PENSACOLA FL</b>	<input type="checkbox"/>
<b>D</b>	<b>BRYAN, W H</b>	<b>3705 MACKY COVE</b>	<b>PENSACOLA FL</b>	<input type="checkbox"/>
<b>D</b>	<b>BRYAN, SHIRLEY F</b>	<b>3705 MACKY COVE</b>	<b>PENSACOLA FL</b>	<input type="checkbox"/>
<b>D</b>	<b>BRYAN, STEVE M</b>	<b>7614 N POINTE DRIVE</b>	<b>PENSACOLA FL</b>	<input type="checkbox"/>
<b>D</b>	<b>BRYAN, GARY W</b>	<b>4920 RIGBY COURT</b>	<b>PENSACOLA FL</b>	<input type="checkbox"/>
				<input type="checkbox"/>

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE	Change	Addition
11	12	13	14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	22	23	24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31	32	33	34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41	42	43	44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51	52	53	54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
61	62	63	64	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:**

**WARREN T. BROWN**

**8/5/96 904-453-3471**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (3/96)