

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jun 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/31/1992

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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 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
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:  **WARREN T. BROWN** 4/24/98 850-453-3471

CR2E034 (10/97)