SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$760).

Sep 14 1998 8:00am **PROFIT** ELOPIDA DEPARTMENT DE STATE CORPORATION Secretary of State Sendra B. Mortham ANNUAL REPORT Secretary of State 1998 **DIVISION OF CORPORATIONS DOCUMENT #** BROWN Noldings, INC. Principal Place of Business 287 Timber Line Dr. CAESTVIEW, FL. 32539 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apl. #, etc Suite, Apl. #. elc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Country This corporation owes or has paid the current year Intangible □ No Yes 30 24 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 12. BROWN, (DELINE) 87 TIMBERLINE DR. Restview, xL. 32 539 81 Name Street Address (P.O. Box Number is Not Acceptable) 83 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 Jiorida. 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 objections of, Section 607,0505, Florida Statutes. (NOTE Registered Agent signature required when reinstating) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (2/38)Change 11 BILL 1000 NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP DITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY - \$1 - 7/F 2. 4 CITY-ST-ZIP DELETE Addition 3.1 TITLE TITLE 3.2 NAMI NAME 3 3 STREET ADDRESS STREET ADDRESS CITY - ST- ZIP 3 4. CITY-ST-ZIP DELETE Change Addition 4 1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY ST-ZIP DELETE Change ☐ Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST- ZIP U11Y-51-2# 700002639000 DELETE THE 6.1 THE ■ Addition G.2 NAME -09/14/98--01142--049 STREET ADDRESS 6.3 STRLET ADDRESS

14. Thereby 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 one attachment with an address.

SIGNATURE:

***550.00

FILED