

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000060874

**Entity Name:** BROWNLEE AND ASSOCIATES, INC.**Current Principal Place of Business:**414 N ALEXANDER ST  
PLANT CITY, FL 33563**Current Mailing Address:**414 N ALEXANDER ST  
PLANT CITY, FL 33563 US**FEI Number:** 59-3591455**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BROWNLEE, CARL R  
414 N ALEXANDER ST  
PLANT CITY, FL 33563 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** CARL R BROWNLEE

01/16/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                        |
|-----------------|------------------------|
| Title           | PD                     |
| Name            | BROWNLEE, CARL         |
| Address         | 2110 N GOLFFVIEW DRIVE |
| City-State-Zip: | PLANT CITY FL 33566    |

|                 |                           |
|-----------------|---------------------------|
| Title           | VTD                       |
| Name            | BROWNLEE, BRUCE           |
| Address         | 8432 DUNHAM STATION DRIVE |
| City-State-Zip: | TAMPA FL 33647            |

|                 |                        |
|-----------------|------------------------|
| Title           | D                      |
| Name            | BROWNLEE, GERALDINE    |
| Address         | 2110 N GOLFFVIEW DRIVE |
| City-State-Zip: | PLANT CITY FL 33566    |

|                 |                    |
|-----------------|--------------------|
| Title           | SDV                |
| Name            | BROWNLEE, DENNIS M |
| Address         | 13832 HWY 92 E     |
| City-State-Zip: | DOVER FL 33527     |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** CARL BROWNLEE

PRES.

01/16/2020

Electronic Signature of Signing Officer/Director Detail

Date