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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M48369

1. Corporation Name

R.A. BROWN & SON., ELECTRIC CO., INC.

Principal Place of Business

 265 SW PORT ST LUCIE BLVD
 SUITE 202
 PORT ST LUCIE FL 34983
 US

Mailing Address

 265 SW PORT ST LUCIE BLVD
 202
 PORT ST LUCIE FL 34984
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 1105 Waxhaw Indian Trail Rd.	26 1105 Waxhaw Indian Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Unit 280-G	27 Box 109
City & State	City & State
23 Matthews, NC.	28 Matthews, NC.
Zip	Zip
24 28105	29 28105
Country	Country
25 USA	30 USA

3. Date Incorporated or Qualified

03/16/1987

4. FEI Number

59-2785148

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 the current year intangible

Personal Property Tax.

☐Yes ☐ No

9. Name and Address of Current Registered Agent

BROWN, RICHARD A.
1407 SW BILTMORE ST
PORT ST LUCIE FL 34983

10. Name and Address of New Registered Agent

81 Name	FLORENCE BROWN
82 Street Address (P.O. Box Number is Not Acceptable)	4031 NW 36TH AVE
83	
84 City	LAUDERDALE LAKES, FLA
85 Zip Code	33309

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 **FLORENCE BROWN****Florence Brown****5-14-99**

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVS	1.1 TITLE	PVS
NAME	BROWN, RICHARD A.	1.2 NAME	BROWN, RICHARD A.
STREET ADDRESS	265 SW PORT ST LUCIE BLVD	1.3 STREET ADDRESS	6840 Poppyhill Lane Apt 1334
CITY-ST-ZIP	PT ST LUCIE FL 34984	1.4 CITY-ST-ZIP	Charlotte, NC 28226
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

Richard A. Brown

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-99

Date

704-544-1095

Daytime Phone #

CR2E034 (11/98)