03101999-90191-039-$61.25-$61.25

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**Mar 10, 1999 8:00 am**
**Secretary of State**
03-10-1999 90191 039 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

# DOCUMENT # 790482

1. Corporation Name
**FLORIDA BRAHMAN ASSOCIATION, INC.**

290227 - 90034 - 21

| Principal Place of Business | Mailing Address |
|---|---|
| FLORIDA CATTLEMEN'S ASSOCIATION BUILDING<br>1818 N. BERMUDA AVENUE<br>KISSIMMEE FL 34741 | 18818 DORMAN RD<br>LITHIA FL 33547<br>US |

| | | |
|---|---|---|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 15995 Bellamy Br. Blvd | 3. Date Incorporated or Qualified<br>12/28/1944 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 | 4. FEI Number<br>59-6151508 ☐ Applied For ☐ Not Applicable |
| City & State<br>23 | City & State<br>28 Dade City FL | 5. Certificate of Status Desired ☐ $8.75 Additional Fee Required |
| Zip 24 Country 25 | Zip 29 33523 Country 30 U.S.A. | 6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees |

9. Name and Address of Current Registered Agent

GERRY STACK, II
18818 DORMAN RD.
LITHIA FL 33547

10. Name and Address of New Registered Agent

81 Name: Ed Dillard
82 Street Address (P.O. Box Number is Not Acceptable): 15995 Bellamy Bros. Blvd
83
84 City: Dade City FL 85 Zip Code: 33523

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 617.0503, Florida Statutes.

SIGNATURE: [signature] DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD / GERRY STACK, II / 18818 DORMAN RD. / LITHIA FL ☑ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | PD / Dillard, Ed / 15995 Bellamy Bros. Blvd / Dade City, FL 33523 ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD / DILLARD, ED / 15995 BELLAMY BROS. BLVD / DADE CITY FL 33525 ☐ DELETE Change | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | Bailey, Aubrey 2.1 VD / Rt. 2 Box 1634 / Lake City, FL 32024 ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ST / STCK, MARGE / 18818 DORMAN RD / LITHIA FL ☑ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | ST / Dillard, Jan B. / 15995 Bellamy Bros. Blvd / Dade City FL 33523 ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D / SHACKELFORD, MARCUS / P.O. BOX 935 N/A / WAUCHULA FL ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D / BARTHLE, LARRY / 6099 BELLAMY BROS. BLVD / DADE CITY FL ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | ☑ Change ☐ Addition<br>17231 Bellamy Bros. Blvd. |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D / WALLACE, DEE / 400 JFK MEMORIAL BLVD / W PALM BEACH FL ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E037 (11/98)

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 617, 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:** SIGNATURE REQUIRED Jan B. Dillard 3/3/99 352-588-4075
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #