


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

0357325

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90012 046 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K81193

1. Corporation Name
RED BARN FEED AND SUPPLY, INC.



Principal Place of Business 12948 OKEECHOBEE BLVD. LOXAHATCHEE FL 33470	Mailing Address 12948 OKEECHOBEE BLVD. LOXAHATCHEE FL 33470
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	3. Date Incorporated or Qualified 04/18/1989
21	Suite, Apt. #, etc.	26	4. FEI Number 65-0155184
22	City & State	27	Applied For Not Applicable
23	Zip Country	28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24	25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

SPROUL, DAN A
12948 OKEECHOBEE BLVD
LOXAHATCHEE FL 33470

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VT <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAY, WILLIE H.	1.2 NAME	CASE JEFF
STREET ADDRESS	6950 OKEECHOBEE BLVD.	1.3 STREET ADDRESS	13345 69TH ST. NORTH
CITY-ST-ZIP	W. PALM BEACH FL	1.4 CITY-ST-ZIP	WEST PALM BEACH, FL. 33412
TITLE	P <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASE, JERRY L.	2.2 NAME	vp
STREET ADDRESS	12957 25TH ST. NORTH	2.3 STREET ADDRESS	CASE JERRY L.
CITY-ST-ZIP	LOXAHATCHEE FL	2.4 CITY-ST-ZIP	12957 25TH ST NORTH
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	LOXAHATCHEE, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPROUL, DAN A.	3.2 NAME	ST
STREET ADDRESS	1026 SERENADE LN	3.3 STREET ADDRESS	SPROUL DAN A
CITY-ST-ZIP	ROYAL PALM BEACH FL	3.4 CITY-ST-ZIP	1026 SERNADE LN
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	ROYAL PALM BEACH, FL <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Dan Sproul* **1/8/99** **061-790-0004**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)