

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 28 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 269190

(5)

1. Corporation Name

BROWN LIVESTOCK SUPPLY, INC.

Principal Place of Business

**HIGHWAY 471 NORTH
P O BOX 1045
WEBSTER FL 33597**

Mailing Address

**HIGHWAY 471 NORTH
P O BOX 1045
WEBSTER FL 33597**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/22/1963

3a. Date of Last Report

04/28/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

4. FEI Number

59-1004071

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 has liability for intangible tax under S. 100.032,

Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

**BROWN, VIRGINIA
HIGHWAY 471 NORTH
WEBSTER FL 33597**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

10. Name and Address of New Registered Agent

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**VTS
BROWN, GARY N
1348 PETERS DRIVE
LEESBURG FL**

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

**P.T.S
Gary N. Brown
26919 Indian Ridge Dr.
Tallahassee, FL 34797**

☒ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**P
BROWN, VIRGINIA
HWY 471 N
WEBSTER FL**

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

**V
Virginia Brown
Hwy 471, N.
Webster**

☒ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☐ Change

☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE:

Gary N. Brown

GARY N. BROWN, Pres.

04/24/95

904-793-3115

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #