

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

FILED  
May 08 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/22/1963	
4. FEI Number 59-1004071	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent KIGHT, LAYNA BROWN 10747 S EM-EN-EL GROVE RD LEESBURG FL 34788		10. Name and Address of New Registered Agent	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City
		85 Zip Code	FL

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	PTS <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWN, GARY N	1.2 NAME	DENISE BENOIT
STREET ADDRESS	26919 INDIAN RIDGE DR	1.3 STREET ADDRESS	44 WEST ALISAL ST.
CITY-ST-ZIP	YALAHUA FL	1.4 CITY-ST-ZIP	SALINAS, CALIF 93901
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	LAYNA BROWN KIGHT
STREET ADDRESS		2.3 STREET ADDRESS	10747 S. EM-EN-EL GROVE RD.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	LEESBURG, FL 34788
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	SEC-TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	MARSHALL HUX
STREET ADDRESS		3.3 STREET ADDRESS	400 WEBSTER ST.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	LEESBURG, FL 34748
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<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.

SIGNATURE \_\_\_\_\_ 4/30/98 3527873445

CR2E034 (10/97)