

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

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90143 013 \*\*\*150.00

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # 269190**

1. Corporation Name

**BROWN LIVESTOCK SUPPLY, INC.**

Principal Place of Business

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

Mailing Address

**10747 S EM-EN-EL GROVE RD  
LEESBURG FL 34788  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/22/1963**

2. Principal Place of Business

**21**  
Suite, Apt. #, etc.

**22**  
City & State

**23**  
Zip

**25**  
Country

2a. Mailing Address

**26** **17454 S. Hwy 475**  
Suite, Apt. #, etc.

**27**  
City & State

**28**  
Zip

**30**  
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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ 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 **Kight, Layna Brown**  
**82** Street Address (P.O. Box Number is Not Acceptable) **17454 S. Hwy. 475**  
**83**  
**84** City **Summerfield** **FL** **85** Zip Code **34491**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P BEND IT** ☐ DELETE

NAME **BENDIT, DENISE**  
STREET ADDRESS **44 W ALISAL ST**  
CITY-ST-ZIP **SALINAS CA 93901**

TITLE **VP** ☐ DELETE

NAME **KIGHT, LAYNA BROWN**  
STREET ADDRESS **10747 S EM-EN-EL GROVE RD**  
CITY-ST-ZIP **LEESBURG FL 34788**

TITLE **ST** ☐ DELETE

NAME **HUX, MARSHALL**  
STREET ADDRESS **400 WEBSTER ST**  
CITY-ST-ZIP **LEESBURG FL 34748**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**1.1** TITLE **P** ☒ Change ☐ Addition

**1.2** NAME **BENDIT, DENISE**

**1.3** STREET ADDRESS

**1.4** CITY-ST-ZIP

**2.1** TITLE **VP** ☒ Change ☐ Addition

**2.2** NAME

**2.3** STREET ADDRESS

**2.4** CITY-ST-ZIP

**3.1** TITLE ☐ Change ☐ Addition

**3.2** NAME

**3.3** STREET ADDRESS

**3.4** CITY-ST-ZIP

**4.1** TITLE ☐ Change ☐ Addition

**4.2** NAME

**4.3** STREET ADDRESS

**4.4** CITY-ST-ZIP

**5.1** TITLE ☐ Change ☐ Addition

**5.2** NAME

**5.3** STREET ADDRESS

**5.4** CITY-ST-ZIP

**6.1** TITLE ☐ Change ☐ Addition

**6.2** NAME

**6.3** STREET ADDRESS

**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:

**C. BENDIT, DENISE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/2/99** **(831) 424-0844**  
Date Daytime Phone #

CR2E034 (1/98)