FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **467061** **(8)**

1. Corporation Name

V. B. BROWN, DISTRIBUTOR, INC.

Principal Place of Business	Mailing Address
501 EAST HOWARD STREET P.O. BOX 277 LIVE OAK FL 32060	501 EAST HOWARD STREET P.O. BOX 277 LIVE OAK FL 32060

3. Date Incorporated or Qualified: 01/03/1975	3a. Date of Last Report: 04/14/1995
4. FEI Number: 59-1564473	☐ 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. 199.032, Florida Statutes ☐ Yes ☐ No	

21	2a. Mailing Address 26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

BROWN,V. B.
1218 IRVIN AVENUE
LIVE OAK FL 32060

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable — Date: For Registered Agent signature to take effect upon reinstatement

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BROWN, MICHAEL B		1.2 NAME	
STREET ADDRESS	2727 CAMBRIDGE AVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL		1.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BROWN, V B		2.2 NAME	
STREET ADDRESS	1218 IRVIN AVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	LIVE OAK, FL 00000		2.4 CITY-ST-ZIP	
TITLE	VSD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BROWN, LOUIS DAY		3.2 NAME	
STREET ADDRESS	1218 IRVIN AVE		3.3 STREET ADDRESS	
CITY-ST-ZIP	LIVE OAK, FL 00000		3.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	BROWN, V B		4.2 NAME	
STREET ADDRESS	1218 IRVIN AVE		4.3 STREET ADDRESS	
CITY-ST-ZIP	LIVE OAK, FL 00000		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	BROWN, GREGORY H		5.2 NAME	
STREET ADDRESS	717 DARROW ST.		5.3 STREET ADDRESS	
CITY-ST-ZIP	LIVE OAK FL		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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 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: V B Brown — PRESIDENT 4-1-96 904-362-2108
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)