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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

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

1. Corporate 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 32060-0277

3. Date Incorporated or Qualified: 01/03/1975
3a. Date of Last Report: 04/29/1996
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

2. Principal Place of Business — 21 / 22 / 23 / 24 Zip / 25 Country
2a. Mailing Address — 26 / 27 / 28 / 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 and am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE (Type or print the name and title of the person signing) (NOTE: Registered Agent signature required when reinstating) DATE

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	3616 Harden Blvd, #132	
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP	Lakeland, Fl 33803	
TITLE	PD ☐ DELETE	2.1 TITLE	☒ Change ☐ Addition	
NAME	BROWN, V B	2.2 NAME		
STREET ADDRESS	1218 IRVIN AVE	2.3 STREET ADDRESS	1232 Irvin Avenue	
CITY-ST-ZIP	LIVE OAK, FL 00000	2.4 CITY-ST-ZIP	Live Oak, Fl 32060	
TITLE	VSD ☐ DELETE	3.1 TITLE	☒ Change ☐ Addition	
NAME	BROWN, LOUIS DAY	3.2 NAME		
STREET ADDRESS	1218 IRVIN AVE	3.3 STREET ADDRESS	1232 Irvin Avenue	
CITY-ST-ZIP	LIVE OAK, FL 00000	3.4 CITY-ST-ZIP	Live Oak, Fl 32060	
TITLE	T ☐ DELETE	4.1 TITLE	☒ Change ☐ Addition	
NAME	BROWN, V B	4.2 NAME		
STREET ADDRESS	1218 IRVIN AVE	4.3 STREET ADDRESS	1232 Irvin Avenue	
CITY-ST-ZIP	LIVE OAK, FL 00000	4.4 CITY-ST-ZIP	Live Oak, Fl 32060	
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		

CR2E034 (9/96)

14. I declare to 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: V B Brown V.B. Brown 3/10/97 (904) 362-2108
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #