FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -7 PM 1:48

DOCUMENT # 715797 (7)

1. Corporation Name
UNITED BRAFORD BREEDERS INC.

Principal Place of Business	Mailing Address
422 E. MAIN ST SUITE 218 NACOGDOCHES TX 75961	422 E. MAIN ST SUITE 218 NACOGDOCHES TX 75961

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/23/1968
3a. Date of Last Report: 02/15/1994
4. FEI Number: 59-2412142 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

KOBLEGARD, R N
401-A S. INDIAN RIVER DR
FORT PIERCE FL 34950

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. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE		☐ Change ☐ Addition
NAME	MIDYETTE, PAYNE H JR	1.2 NAME		
STREET ADDRESS	P O BOX 749 NA	1.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP		
TITLE	V	2.1 TITLE	V	☒ Change ☐ Addition
NAME	KOBLEGARD, R N III	2.2 NAME	Tim Edwards	
STREET ADDRESS	2319 S. INDIAN RIVER DR	2.3 STREET ADDRESS	181 Cherry Creek Rd.	
CITY-ST-ZIP	FT PIERCE FL	2.4 CITY-ST-ZIP	Kent, TX 79855	
TITLE	S	3.1 TITLE	S	☒ Change ☐ Addition
NAME	FAUCETT, LEON D	3.2 NAME	Loyd C. Whitehead	
STREET ADDRESS	ROUTE 1 BOX 37 N/A	3.3 STREET ADDRESS	2948 Stemmons	
CITY-ST-ZIP	MT VERNON MO	3.4 CITY-ST-ZIP	Dallas, TX 75247	
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	GRANTHAM, H V	4.2 NAME		
STREET ADDRESS	1925 LAKESIDE DR	4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	MCGEE, SAM	5.2 NAME	Marvin Marmande Jr.	
STREET ADDRESS	8745 NW 160TH ST	5.3 STREET ADDRESS	1306 Dr. Beatrous Rd.	
CITY-ST-ZIP	OKEECHOBEE FL	5.4 CITY-ST-ZIP	Theriot, LA 70397	
TITLE	D	6.1 TITLE	D	☒ Change ☐ Addition
NAME	ADAMS, ALTO L III	6.2 NAME	Leon Faucett	
STREET ADDRESS	25305 ORANGE AVE	6.3 STREET ADDRESS	RR 1 Box 36K	
CITY-ST-ZIP	FT PIERCE FL	6.4 CITY-ST-ZIP	Mt. Vernon, MO 65172	

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 3-3-95 904-877-8181
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

Payne H. Midyette, Jr.

0074750