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Mar 03 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 715797 (7)

1. Corporation Name

UNITED BRAFORD BREEDERS INC.

Principal Place of Business

422 E. MAIN ST
SUITE 218
NACOGDOCHES TX 75961

Mailing Address

422 E. MAIN ST
SUITE 218
NACOGDOCHES TX 75961-52143. Date Incorporated or Qualified
12/23/19683a. Date of Last Report
02/09/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number
59-2412142Applied For
Not Applicable5. Certificate of Status Desired ☒\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, 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 ☒ DELETE
NAME MIDYETTE, PAYNE H JR
STREET ADDRESS P O BOX 749 NA
CITY-ST-ZIP TALLAHASSEE FLTITLE V ☒ DELETE
NAME EDWARDS, TIM
STREET ADDRESS 181 CHERRY CREEK RD.
CITY-ST-ZIP KENT TXTITLE S ☐ DELETE
NAME WHITEHEAD, LOYD C.
STREET ADDRESS 2948 STEMMONS
CITY-ST-ZIP DALLAS TXTITLE D ☐ DELETE
NAME GRANTHAM, H V
STREET ADDRESS 1925 LAKESIDE DR
CITY-ST-ZIP ORLANDO FLTITLE D ☒ DELETE
NAME MARMANDE, MARVIN JR.
STREET ADDRESS 1306 DR. BEATROUS RD.
CITY-ST-ZIP THEROIT LATITLE D ☒ DELETE
NAME FAUCETT, LEON
STREET ADDRESS RR 1 BOX 36K
CITY-ST-ZIP MT. VERNON MO

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition
1.2 NAME WHITEHEAD, LOYD C.
1.3 STREET ADDRESS 2948 STEMMONS FRWY
1.4 CITY-ST-ZIP DALLAS, TX 752472.1 TITLE V ☐ Change ☒ Addition
2.2 NAME ADAMS, MICHAEL L.
2.3 STREET ADDRESS 26003 ORANGE AVE.
2.4 CITY-ST-ZIP FT. PIERCE, FL 349453.1 TITLE S ☒ Change ☐ Addition
3.2 NAME GRANTHAM, H. V.
3.3 STREET ADDRESS 1925 LAKESIDE DR
3.4 CITY-ST-ZIP ORLANDO, FL 328034.1 TITLE D ☐ Change ☒ Addition
4.2 NAME BROUSSARD, JOHNNY G.
4.3 STREET ADDRESS 9526 HWY 13
4.4 CITY-ST-ZIP KAPLAN, LA 70548-97025.1 TITLE TD ☐ Change ☒ Addition
5.2 NAME ALLEN STANTON
5.3 STREET ADDRESS 219 N TAYLOR ST
5.4 CITY-ST-ZIP ALVIN, TX 775116.1 TITLE D ☐ Change ☒ Addition
6.2 NAME GAYLE SMITH
6.3 STREET ADDRESS 1951 HORSESHOE RD
6.4 CITY-ST-ZIP CONNELL, WA 99326

14. I do 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 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]* President 2-18-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deputy Phone # 0026110

CP2E037 (9/96)