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

APPROVED AND FILED

95 MAY -1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **748028** **(8)**

1. Corporation Name
BROWN SUGAR ARTIST, INC.

Principal Place of Business	Mailing Address
1068 HARLEM ACADEMY AVENUE POST OFFICE BOX 1921 CLEWISTON FL 33440	1068 HARLEM ACADEMY AVENUE POST OFFICE BOX 1921 CLEWISTON FL 33440

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/10/1979
3a. Date of Last Report: 08/02/1994
4. FEI Number: 65-0042441 ☐ 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 / County 24 / 25	Zip / County 29 / 30

9. Name and Address of Current Registered Agent

MULKEY, LORETTA (MRS.)
1068 HARLEM ACADEMY AVE
CLEWISTON FL 33440

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	11 TITLE	☐ Change ☐ Addition
NAME	HILL, MARY	12 NAME	
STREET ADDRESS	705 CAROLINA AVE.	13 STREET ADDRESS	
CITY-ST-ZIP	CLEWISTON FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	PATRICK, GWEN	22 NAME	
STREET ADDRESS	620 HARLEM ACADEMY AVE	23 STREET ADDRESS	
CITY-ST-ZIP	CLEWISTON FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	HALL, CHARLES	32 NAME	
STREET ADDRESS	300 WOOD STREET	33 STREET ADDRESS	
CITY-ST-ZIP	MOORE HAVEN FL	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	CLARKE, HYLTON	42 NAME	
STREET ADDRESS	1118 W VIRGINIA AVE	43 STREET ADDRESS	
CITY-ST-ZIP	CLEWISTON FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	MULKEY, LORETTA	52 NAME	
STREET ADDRESS	1072 HARLEM ACADEMY AVENUE	53 STREET ADDRESS	
CITY-ST-ZIP	CLEWISTON FL	54 CITY-ST-ZIP	
TITLE	V	61 TITLE	☐ Change ☐ Addition
NAME	JONES, JOYCE	62 NAME	
STREET ADDRESS	514 BOND ST	63 STREET ADDRESS	
CITY-ST-ZIP	CLEWISTON FL	64 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Loretta M. Mulkey 4/25/95 (813)983-5484
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

as per conversation w/ Loretta Mulkey 5-5-95

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