FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION



FLORIDA DEPARTMENT OF STATE

	AL REPORT		ry of State CORPORATIONS			
DOCUM 1. Corporation N	MENT # H48	3622 (5)				
,	N BROTHERS, INC.					
Principal Place o		Mailing Address				
233 SE AVE. E BELLE GLADE		233 SE AVE. E. Belle Glade Fl 33430)			
				3. Date Incorporated or Qualified	3a. Date of Last Re	eport
2 Dispinal Disa	on of Divisions	2n Mail on Address		03/22/1985	01/30/199	
2. Principa! Plac 21	ce of Business	28. Mailing Address 26		59-2510384	⊢	Applied For Not Applicable
Suite, Apt. #,	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional
22		27				Required
Crty & State		Crty & State		6. Election Campaign Financing Trust Fund Contribution	1 1	May Be
Zip	Country	Zip	Country	8. This corporation has liability for it	ntangible tax under s	
14	25		30	Florida Statutes Ves		
week (1861) 100 to manufacture	9. Name and Address of	Current Registered Agent	81 Name	10. Name and Address of New R	egistered Agent	
NODIMA	(ADDV D		<u> </u>			
NORMAN, LARRY R. OLD U.S. 27 POB 167			82 Street Add	lress (P.O. Box Number is Not Acceptabl	(e)	
	RBOR FL 33459		83			
Dute III	11501112 00100		<u></u>		—. [85] Zig	Code
			1841 Cit√			
44 Durauget to	the provisions of Sections 80	17 0500 and 607 1500 Elevidy Statute	84 City	william or hands this attachment for the same	- FL	
11. Pursuant to or registered familiar with.	the provisions of Sections 60 d agent, or both, in the State on, and accept the obligations of	97.0502 and 607.1508, Florida Statutes of Florida. Such change was authorize of, Section 607.0505, Florida Statutes.		ration submits this statement for the purp ard of directors. I hereby accept the appe	- FL	
SIGNATURE			s, the above-named corpo d by the corporation's boa		FL bose of changing its reintment as registered	egistered office agent. I am
SIGNATURE.	lignature, typed or printed name of registe:	red agent and title if applicable. (NOT)			FL cose of changing its reintment as registered	egistered office agent. I am
SIGNATURE	lignature, typed or printed name of registe:		s, the above named corpo d by the corporation's boa to Registeric Agent squature respin	ou whom renstating	FL cose of changing its reintment as registered	egistered office agent. I am
SIGNATURE	Agriculture, typed or printed name of register OFFICES PD NORMAN, LARRY R.	red agent and folia if applicable. (NOTI	s, the above named corporation's boad by the corporation's boad. E. Registere Agent squature required.	ou whom renstating	DATE DATE CER'S AND DIRECTO	egistered office agent. I am
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Norman of Signing Officer of Director Y R. Norman 1-12-96 996-3554