

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # K46138 (9)

1. Corporation Name

DAVID C. BROWN FARMS PACKING HOUSE, INC.

Principal Place of Business

2665 OAK RIDGE COURT  
FT. MYERS FL 33901  
US

Mailing Address

2665 OAK RIDGE COURT  
FT. MYERS FL 33901  
US



3. Date Incorporated or Qualified  
11/18/1988

3a. Date of Last Report  
04/10/1995

2. Principal Place of Business

2a. Mailing Address

21 2665 OAK RIDGE COURT

26 2665 OAK RIDGE COURT

4. FEI Number  
65-0090207

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

City & State

City & State

23 FT MYERS, FL

28 FT MYERS, FL

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24 33901

25 U.S.

29 33901

30 U.S.

8. 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

BROWN, DAVID C.  
2665 OAK RIDGE COURT  
FT. MYERS FL 33901

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  
NAME BROWN, DAVID C.  
STREET ADDRESS 2665 OAK RIDGE COURT  
CITY-ST-ZIP FT. MYERS FL ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

1.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

1.3 STREET ADDRESS

TITLE ☐ DELETE

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

2.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

2.3 STREET ADDRESS

TITLE ☐ DELETE

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

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TITLE ☐ DELETE

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TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

4.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

4.3 STREET ADDRESS

TITLE ☐ DELETE

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

5.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

5.3 STREET ADDRESS

TITLE ☐ DELETE

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

6.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

6.3 STREET ADDRESS

TITLE ☐ DELETE

6.4 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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID C BROWN, PRESIDENT 4/8/96 941-275-3411

CR2E034 (12/95)