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Feb 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 33901-9389 US

3. Date Incorporated or Qualified: 11/18/1988
3a. Date of Last Report: 04/16/1996
4. FEI Number: 65-0090207
5. Certificate of Status Desired: [] \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: [] \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [x] Yes [] No

2. Principal Place of Business: 21 2665 OAK RIDGE COURT
22 Suite, Apt. #, etc.
23 City & State: FORT MYERS, FL
24 Zip: 33901 25 Country: U.S.
2a. Mailing Address: 26 2665 OAK RIDGE COURT
27 Suite, Apt. #, etc.
28 City & State: FORT MYERS, FL
29 Zip: 33901 30 Country: U.S.

9. Name and Address of Current Registered Agent: BROWN, DAVID C. 2665 OAK RIDGE COURT FT. MYERS FL 33901
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code: FL

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

Table with 2 main columns: 12. OFFICERS AND DIRECTORS, 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Includes fields for Title, Name, Street Address, City-ST-ZIP, and checkboxes for Delete, Change, and Addition.

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

SIGNATURE: DAVID C BROWN, PRESIDENT 2/7/97 941-275-3411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)