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

PROFIT CORPORATION ANNUAL REPORT

**1996**

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

DOCUMENT # **K60040** **(8)**

1. Corporation Name

**BRANDI FARMS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| RT 15 BOX 1760<br>LAKE CITY FL 32024<br>US | RT 15 BOX 1760<br>LAKE CITY FL 32024<br>US |

3. Date Incorporated or Qualified: **01/23/1989**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: **59-2951797** ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

[illegible]
10 NORTH COLUMBIA ST.
[illegible]
LAKE CITY FL 32056

10. Name and Address of New Registered Agent

81 Name: T Pat Daniels
82 Street Address (P.O. Box Number is Not Acceptable): Rt. 15, Box 1760
83
84 City: Lake City FL 85 Zip Code: 32024

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] President 6/4/96
Signature, typed or printed name of registered agent and date (NOTE: Registered Agent's signature required for filing) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | PD | ☐ DELETE | 1.1 TITLE | | ☒ Change ☐ Addition |
| NAME | DANIELS, T. PAT | | 1.2 NAME | | |
| STREET ADDRESS | ROUTE 2, BOX 294C/NA | | 1.3 STREET ADDRESS | Rt. 15, Box 1760 | |
| CITY-ST-ZIP | LAKE CITY FL | | 1.4 CITY-ST-ZIP | Lake City, FL 32024 | |
| TITLE | VD | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | CARPENTER, DENNIS | | 2.2 NAME | | |
| STREET ADDRESS | 950 LAKE MONTGOMERY DRIVE | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | LAKE CITY FL | | 2.4 CITY-ST-ZIP | | |
| TITLE | STD | ☐ DELETE | 3.1 TITLE | | ☒ Change ☐ Addition |
| NAME | TEMPLE, LILLIAN C. | | 3.2 NAME | | |
| STREET ADDRESS | RT. 2, BOX 201-C | | 3.3 STREET ADDRESS | Rt. 6, Box 443-I | |
| CITY-ST-ZIP | WELLBORN FL | | 3.4 CITY-ST-ZIP | Lake City, FL 32025 | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 4.2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | 500001840109 | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | -05/28/96--01019--004 | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | ***800.00 | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

5-1-96 JP

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

**SIGNATURE:** Lillian C Temple 4/30/96 752-2864
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)