FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 20 1998 8:00am Secretary of State

DOCUMENT # M75178 (7) 1. Corporation Name BROWNLEE SEED & FEED, INC.							
Principal Place of Business RT 10 BOX 319 LAKE CITY FL 32055 US		Mailing Address RT 10 BOX 319 LAKE CITY FL 32055 US			DO NOT WRITE IN THIS		1 4 1911 1961
		00			3. Date Incorporated or Qualified		
2. Principal P	2a. Mailing Address			04/04/1988 4. FEI Number	1 14-	- ti t F	
21	idog of Dasirisas	26			59-2889237		plied For t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 /	
22	1	27			6. Certificate of Status Desired	Fee Re	quired
City & State	0	City & State			6. Election Campaign Financing	\$5.00	
Zip	Country	Zip	Count	rv	Trust Fund Contribution	Added t	
24	25	29	30	•	8. This corporation owes or has paid the cur Personal Property Tax due June 30.		angible No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered		
	CKS, NORMAN TERRY		8	1 Name			
ROUTE 3, BOX 96			8:	2 Street Add	fress (P.O. Box Number is Not Acceptable)	-	
LAKE CITY FL 32055			8:	<u> </u>			
			81	3			ļ
			8	4 City	FL	85 Zip C	ode
11. Pursuant I	to the provisions of Sections 607.0502	and 607.1508. Florida Statul	es, the abo	ve-named cor		changing its	registered
office or re	egi stered agent, or both, in the State om fam iliar with, and accept the obligat	f Florida, Such change was	authorized t	by the corpora	poration submits this statement for the purpose of ition's board of directors. I hereby accept the app	ointment as	registered
SIGNATURE	and the state of t	10/13 01, 3501/01 001 .0000,11	oriou biaidi	56.			
Signature, typed or printed harrie of registered agent and title if applicable (NOTE: Regis				gent signature requ	ired when reinstating) DATE		
TITLE	OFFICERS AND DIRECTORS DELETE		13. 1.1 BILE		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR:	S IN 12
NAME	DICKS, NORMAN TERRY	DICKS, NORMAN TERRY				☐ Change	ADURIUM
STREET ADDRESS	RT. 3, BOX 96			T ADDRESS			
CITY-ST-ZIP	I AVE OTTV EL		1,4 CITY-				
TITLE	VST	☐ DELETE 2.1				Change	Addition
NAME	+		2.2 NAME				
STREET ADDRESS	RTE 3 BOX 96		2.3 STREE	T ADDRESS			
CITY-ST-ZIP			2. 4 CITY-			-	
TITLE NAME			3.1 TITLE	l l		☐ Change	☐ Addition
STREET ADDRESS	i		3.2 NAME				
CITY-ST-ZIP			3.4. CITY	T ADDRESS			
TITLE	DELETE		4.1 TITLE	51-211		☐ Change	Addition
NAME			4. 2 NAME			-	
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-	ST-ZIP			
TITLE		DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS				T ADDRESS			l
CITY-ST-ZIP TITLE				ST-ZIP		Change	Addition
NAME			6.1 TITLE 6.2 NAME			LI Olidilyo	Addition
STREET ADDRESS			1	T ADDRESS			ŀ
CITY-SI-ZIP			6.4 CITY-	1			
	erlify that the information supplied with	this filing does not qualify fo			Section 119.07(3)(i), Florida Statutes. I further cer	tify that the i	nformation

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.