


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90003 018 ***150.00

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|---|---|
| DOCUMENT # M75178 |  |
| 1. Entity Name BROWNLEE SEED & FEED, INC. | |

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| Principal Place of Business RT 10 BOX 319 LAKE CITY FL 32055 US | Mailing Address RT 10 BOX 319 LAKE CITY FL 32055 US |
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| 2. Principal Place of Business 4458 S. US HIGHWAY 441 Suite, Apt. #, etc. | 3. Mailing Address 4458 S. US HIGHWAY 441 Suite, Apt. #, etc. |
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| City & State Lake City, FL 32025 | City & State Lake City, FL 32025 |
| Zip | Country |



MOORE CR2E034 (11/03)

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| 4. FEI Number 59-2889237 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent DICKS, NORMAN TERRY ROUTE 3, BOX 96 LAKE CITY FL 32055 | |
| 7. Name and Address of New Registered Agent Name: Same Street Address (P.O. Box Number is Not Acceptable): 452 SW County Road 240 City: Lake City, FL Zip Code: 32025 | |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---------------------------------|---|--|
| TITLE D NAME DICKS, NORMAN TERRY STREET ADDRESS RT. 3, BOX 96 CITY-ST-ZIP LAKE CITY FL | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS 452 SW County Road 240 CITY-ST-ZIP Lake City, FL 32025 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE VST NAME DICKS, CLINTON F JR STREET ADDRESS RTE 3 BOX 96 CITY-ST-ZIP LAKE CITY FL | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS 10385 S. US Highway 441 CITY-ST-ZIP Lake City, FL 32025 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Clinton F. Dicks Jr V.P. 2-12-04 386-752-1093
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #