

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P92000002614**
1. Corporation Name

BROWN DISTRIBUTING (R C MACK) CORPORATION
547 NE 42nd Street Oakland Park, Fla. 33334

Principal Place of Business

Mailing Address

547 N.E. 42nd STREET
OAKLAND PARK, FL. 33334

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24. 25. 29. 30.

9. Name and Address of Current Registered Agent

Benjamin T. Forehand
9021 NW 7th Court
Pembroke Pines, Fla. 33024

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/28/92

4. FEI Number

65-0364690

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 owes the current year
Intangible Personal Property.

☐ Yes

☒ No

10. Name and Address of New Registered Agent

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

Benjamin T. Forehand

Benjamin T. Forehand

11-9-99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

1. NAME
2. STREET ADDRESS
3. CITY-STATE-ZIP
4. TITLE
5. NAME
6. STREET ADDRESS
7. CITY-STATE-ZIP
8. TITLE
9. NAME
10. STREET ADDRESS
11. CITY-STATE-ZIP
12. TITLE
13. NAME
14. STREET ADDRESS
15. CITY-STATE-ZIP
16. TITLE
17. NAME
18. STREET ADDRESS
19. CITY-STATE-ZIP
20. TITLE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11. TITLE

12. NAME

13. STREET ADDRESS

14. CITY-STATE-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

31. TITLE

32. NAME

33. STREET ADDRESS

34. CITY-STATE-ZIP

41. TITLE

42. NAME

43. STREET ADDRESS

44. CITY-STATE-ZIP

51. TITLE

52. NAME

53. STREET ADDRESS

54. CITY-STATE-ZIP

61. TITLE

62. NAME

63. STREET ADDRESS

64. CITY-STATE-ZIP

P/S

Benjamin T. Forehand

9021 NW 7th Court

Pembroke Pines, FL 33024

V/T

Annemarie Forehand

9021 NW 7th Court

Pembroke Pines, FL 33024

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******150.00 ****150.00**

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☐ Change ☐ Addition

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14. 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 published in 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Benjamin T. Forehand

Benjamin T. Forehand

Date

11-9-99

Daytime Phone #

CR2E034 (5/99)