

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 # P94000043776 (1)

1. Corporation Name

BREVIS FARMS, INC.



Principal Place of Business

RT. 6, BOX 2
LIVE OAK FL 32060

Mailing Address

RT. 6, BOX 2
LIVE OAK FL 32060

2. Principal Place of Business

21 Rt 3 Box 307

Suite, Apt. #, etc.

22 City & State

23 Mayo, FL

Zip

24 32066

Country

25 Lafayette

2a. Mailing Address

26 Rt 3 Box 307

Suite, Apt. #, etc.

27 City & State

28 Mayo, FL

Zip

29 32066

Country

30 Lafayette

3. Date Incorporated or Qualified

06/10/1994

3a. Date of Last Report

08/09/1995

4. FEI Number

65-0538472

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

BERNSEE, JANA
RT 6 BOX 2
LIVE OAK FL 32060

10. Name and Address of New Registered Agent

81 Name

Jana Bernsee

82 Street Address (P.O. Box Number is Not Acceptable)

Rt 3 Box 307

83

84 City

Mayo

FL

85 Zip Code

32066

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 on this page 12

Signature typed or printed name of registered agent on this page 12

Date

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
BERNSEE, JANA M
RT. 6, BOX 2
LIVE OAK FL 32060 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVT
BERNSEE, RICHARD D
RT. 6, BOX 2
LIVE OAK FL 32060 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
DPS
Jana M Bernsee
Rt 3 Box 307
Mayo, FL 32066 ☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
DVT
Richard D Bernsee, Jr
Rt 3 Box 307
Mayo FL 32066 ☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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)(k), 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:

Jana M Bernsee
Jana M Bernsee

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96

Date

904-294-3441

Daytime Phone #

CR2E034 (12/95)