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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000089900 (0)

BROWN FEED & SUPPLY, INC.

FILED Apr 14 1997 8:00am Secretary of State



Principal Place of Business 11924 FOREST HILL BLVD. SUITE 22-292 WELLINGTON FL 33414	11924 FOREST HILL BLV SUITE 22-282	Mailing Address 11824 FOREST HILL BLVD. SUITE 22-282 WELLINGTON FL 33414-6256		3. Date Incorporated or Qualified 3a. Date of Last Report			
				11/01/1996	NOVE		•
2. Principal Place of Bus-ness	2a. Mailing Address			4. FEI Nymber		T Ap	plied For
21	26			65-071967	7 <i>Y</i>	No	t Applicable
Suite. Apt. #, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$ 8.75 / Fee Re	Additional equired
City & State	City & State			6. Election Campaign Financing		\$5.00	May Be
23	26			Trust Fund Contribution		Added	
Z _(P) Country	Zip	Countr	у	8. This corporation has liability for i	intangible tax	under s	. 199.032,
24 25	29	30		,	Yes 🔲		
9, Name and Address	s of Current Registered Agent			10. Name and Address of New Re	gistered Age	ent	
HEFFLING, JOHN D		81	Name				
1897 PALM BEACH LAKES	S BLVD.	82	Street Add	Iress (P.O. Box Number is Not Acceptab	ole)		
SUITE 219		"	0				
WEST PALM BEACH FL 33	3409	B3	1				
		84	City		FL ⁽	85 Zip (Code
office or registered agent, or both,	in the state of rioridal SUCB change was	authorized D	y the corpora	mon a posta of allectors, i neterny accet	viria abbolu	u roit as	เอนิเยเลเลด
SIGNATURE	in the State of Florida. Such change was of the obligations of, Section 607.0505, F						
SIGNATURE Signature typed or printed name of	4 registered agent and little if applicable (NC	OTE: Registered Ac		ired when reinstating)	DATE		
SIGNATURE Signature typed or printed name of	registered agent and little / applicable (NCFICERS AND DIRECTORS	OTE: Registered Ac			DATE CERS AND DI	RECTOR	S IN 12
SIGNATURE Signature typinal or princed name of DFF	FIGERS AND DIRECTORS DELETE	TE: Registered Ac	gent signature requ	ired when reinstating)	DATE CERS AND DI		S IN 12
SIGNATURE Signature hypotion princed name of TRUE NAME Signature hypotion princed name of D BRAWELL, W. STEVI	FIGERS AND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME	gent signature requ	ired when reinstating)	DATE CERS AND DI	RECTOR	S IN 12
SIGNATURE Signature Typing or princed name of TRUE NAME STREET ADDRESS SIGNATURE SI	I registered agent and little (*applicable (NCFICERS AND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME	ent signature requ	ired when reinstating)	DATE CERS AND DI	RECTOR	S IN 12
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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 complation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

561-792-0002