

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90129 009 ***158.75

DOCUMENT # P97000104589

1. Corporation Name

BRUSH CREEK FARM, INC.

Principal Place of Business

RT. 3 BOX 527-A
HILLIARD FL 32046

Mailing Address

P.O. BOX 1607
HILLIARD FL 32046
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/05/1997

4. FEI Number

59-3482483

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 Tax. ☐ Yes ☒ No

2. Principal Place of Business

21. **Brush Creek Farm, Inc.**

Suite, Apt. #, etc.

22. **Rt 4 Box 8389**

City & State

23. **Hilliard, FL**

Zip

24. **32046**

Country

25. **US**

2a. Mailing Address

26. **Brush Creek Farm, Inc.**

Suite, Apt. #, etc.

27. **Rt 4 Box 8389**

City & State

28. **Hilliard, FL**

Zip

29. **32046**

Country

30. **US**

9. Name and Address of Current Registered Agent

HARRIS, MITCHELL
RT. 3 BOX 527-A
HILLIARD FL 32046

10. Name and Address of New Registered Agent

81. Name

Harris, Mitchell

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

Rt 4 Box 8389

83.

84. City

Hilliard

FL

85. Zip Code

32046

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 and title if applicable.

Mitchell Harris

(NOTE: Registered Agent signature required when reinstating)

3/9/99

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **HARRIS, DEBRA**
STREET ADDRESS **RT. 3 BOX 527-A**
CITY-ST-ZIP **HILLIARD FL 32046**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D/P** ☒ Change ☐ Addition
1.2 NAME **HARRIS, DEBRA**
1.3 STREET ADDRESS **Rt 4 Box 8389**
1.4 CITY-ST-ZIP **Hilliard, FL 32046**

2.1 TITLE **VP** ☐ Change ☒ Addition
2.2 NAME **Harris, Mitchell D.**
2.3 STREET ADDRESS **1966 N. Old Dixie Hwy**
2.4 CITY-ST-ZIP **Hilliard, FL 32046**

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

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

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

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

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 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, with all other like empowered.

SIGNATURE: **Debra Harris** **Debra Harris, Director**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/99

DATE

904-845-4604

Daytime Phone #

0019582

CR2E034 (1/98)