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 # **S17486** **(9)**

1. Corporation Name
BROWN FARM, INC.

Principal Place of Business
P.O. BOX 365
POMONA PARK FL 32181

Mailing Address
P.O. BOX 365
POMONA PARK FL 32181

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 12/11/1990
3a. Date of Last Report: 03/30/1995
4. FEI Number: 59-3052449 ☐ 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**

RENNAU, ROSE LEE
116 LAKESIDE DRIVE
POMONA PARK FL 32181

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

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	BANNON, SUSAN B.	
STREET ADDRESS	2359 PEACHTREE CIRCLE	
CITY-ST-ZIP	ANTIOCH CA	
TITLE	D	☐ DELETE
NAME	PRADELLA, JOAN V.	
STREET ADDRESS	107 ALTAMAR DRIVE	
CITY-ST-ZIP	PONTE VEDRA BCH FL 32082	
TITLE	D	☐ DELETE
NAME	NICHOLS, JUANITA B.	
STREET ADDRESS	P.O. BOX 1063 N/A	
CITY-ST-ZIP	HAWTHORNE FL 32640	
TITLE	D	☐ DELETE
NAME	BROWN, JOE MACK	
STREET ADDRESS	147 KEITH DR.	
CITY-ST-ZIP	CLARKESVILLE TN 37040	
TITLE	D	☐ DELETE
NAME	RENNAU, ROSE LEE	
STREET ADDRESS	116 LAKESIDE DRIVE	
CITY-ST-ZIP	POMONA PARK FL 32181	
TITLE	D	☐ DELETE
NAME	BROWN, JAMES C.	
STREET ADDRESS	1560 KINNARD DR.	
CITY-ST-ZIP	FRANKLIN TN 37064	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☒ Change ☐ Addition
1.2 NAME	Bannon, Susan B.	
1.3 STREET ADDRESS	2615 Gladstone Terrace	
1.4 CITY-ST-ZIP	Woodstock, GA 30188	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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		

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4.29.96 JR

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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: X By: James C. Brown, Pres. 3-13-96 615-859-3598
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #