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FILED
Apr 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

Mailing Address

P.O. BOX 365
POMONA PARK FL 32181

P.O. BOX 365
POMONA PARK FL 32181-0365

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

g. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

12/11/1990

04/27/1996

4. FEI Number

Applied For
Not Applicable

59-3052449

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

10. Name and Address of New Registered Agent

RENNAU, ROSE LEE
116 LAKESIDE DRIVE
POMONA PARK FL 32181

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME BANNON, SUSAN B.
STREET ADDRESS 2615 GLADSTONE TERRACE
CITY-ST-ZIP WOODSTOCK GA 30188

DELETE

TITLE D
NAME PRADELLA, JOAN V.
STREET ADDRESS 107 ALTAMAR DRIVE
CITY-ST-ZIP PONTE VEDRA BCH FL 32082

DELETE

TITLE D
NAME NICHOLS, JUANITA B.
STREET ADDRESS P.O. BOX 1063 N/A
CITY-ST-ZIP HAWTHORNE FL 32640

DELETE

TITLE D
NAME BROWN, JOE MACK
STREET ADDRESS 147 KEITH DR.
CITY-ST-ZIP CLARKESVILLE TN 37040

DELETE

TITLE D
NAME RENNAU, ROSE LEE
STREET ADDRESS 116 LAKESIDE DRIVE
CITY-ST-ZIP POMONA PARK FL 32181

DELETE

TITLE D
NAME BROWN, JAMES C.
STREET ADDRESS 1500 KINNARD DR.
CITY-ST-ZIP FRANKLIN TN 37064

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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

14. I do 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.

SIGNATURE *James C. Brown*

3/17/97

CR2E034 (9/96)