

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

FILED  
Apr 02 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/11/1990

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

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

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 ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ 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 ☐ 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

Pradilla, Joan V.  
14750 Beach Blvd. Apt 27  
Jacksonville Beach, FL 32250

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

RENNAU, Rose L  
P.O. Box 365 N/A  
POMONA PARK, FL 32181

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.

CR2E034 (10/97)