

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  
Apr 02, 1999 8:00 am  
Secretary of State

04-02-1999 90044 004 \*\*\*150.00

DOCUMENT # S17486

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 the current year Intangible  
Personal Property Tax. ☒ 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 D ☐ DELETE  
NAME BANNON, SUSAN B.  
STREET ADDRESS 2615 GLADSTONE TERRACE  
CITY-ST-ZIP WOODSTOCK GA 30188

TITLE D ☐ DELETE  
NAME PRADELLA, JOAN V.  
STREET ADDRESS 14750 BEACH BLVD APT 27  
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

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  
STREET ADDRESS P. O. BOX 365 N/A  
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 ☐ 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 129 Middleton Place  
2.4 CITY-ST-ZIP Pointe Vedra, FL 32082

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)