

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

FILED  
May 08 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS																																				
<b>DOCUMENT # S58184 (0)</b>																																						
1. Corporation Name <b>TRIANGLE B FARMS, INC.</b>																																						
Principal Place of Business <b>412 OLEANDER ROAD LAKE WALES FL 33853</b>		Mailing Address <b>412 OLEANDER ROAD LAKE WALES FL 33853-5225</b>																																				
2. Principal Place of Business <b>21 2776 Little Rock/Decatur Rd</b> Suite, Apt. #, etc.		2a. Mailing Address <b>26 P.O. Box 639</b> Suite, Apt. #, etc.																																				
22 City & State <b>Decatur, FLs.</b>		27 City & State <b>FLs. Decatur</b>																																				
23 Zip <b>39327</b>		28 Country <b>USA</b>																																				
24 39327		25 USA																																				
29 39327		30 USA																																				
9. Name and Address of Current Registered Agent <b>BROWN, ROGER R. 412 OLEANDER ROAD LAKE WALES FL 33853</b>																																						
10. Name and Address of New Registered Agent <b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83</b> <b>84 City</b> <b>FL</b> <b>85 Zip Code</b>																																						
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. <b>SIGNATURE: Margie L. Brown, Sec/Share</b> <b>4-29-97</b>																																						
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1"><thead><tr><th>TITLE</th><th>NAME</th><th>STREET ADDRESS</th><th>CITY-ST-ZIP</th><th>DELETE</th></tr></thead><tbody><tr><td>PTD</td><td>BROWN, ROGER R.</td><td>412 OLEANDER ROAD</td><td>LAKE WALES FL</td><td><input type="checkbox"/></td></tr><tr><td>SD</td><td>BROWN, MARGIE L.</td><td>412 OLEANDER ROAD</td><td>LAKE WALES FL</td><td><input type="checkbox"/></td></tr><tr><td>D</td><td>BROWN, BRADD S.</td><td>9095 WESTERN PINES DRIVE</td><td>DOUGLASVILLE GA</td><td><input type="checkbox"/></td></tr><tr><td>D</td><td>BROWN, JEFFREY TODD</td><td>RT 2 BOX 202</td><td>DECATUR MI</td><td><input type="checkbox"/></td></tr><tr><td></td><td></td><td></td><td></td><td><input type="checkbox"/></td></tr><tr><td></td><td></td><td></td><td></td><td><input type="checkbox"/></td></tr></tbody></table>				TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	PTD	BROWN, ROGER R.	412 OLEANDER ROAD	LAKE WALES FL	<input type="checkbox"/>	SD	BROWN, MARGIE L.	412 OLEANDER ROAD	LAKE WALES FL	<input type="checkbox"/>	D	BROWN, BRADD S.	9095 WESTERN PINES DRIVE	DOUGLASVILLE GA	<input type="checkbox"/>	D	BROWN, JEFFREY TODD	RT 2 BOX 202	DECATUR MI	<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>
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CR2E034 (9/96)

SIGNATURE:

*Lois A. Brown (PTD)*

4.29.97 901-676-4441