

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

FILED
May 04 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 # S58184 (0)
1. Corporation Name
TRIANGLE B FARMS, INC.

Principal Place of Business
2776 LITTLE ROCK/DECATUR RD
DECATUR EN 39327
US

Mailing Address
P.O BOX 639
DECATUR EN 39327
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/05/1991	
21	2776 Little Rock/Decatur Rd.	26	Suite, Apt. #, etc.	4. FEI Number 59-3072406	Applied For <input checked="" type="checkbox"/> Not Applicable
22	City & State Decatur, MS	27	City & State Decatur, MS	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip 39327	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	39327	29	39327	30	Country
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

BROWN, ROGER R.
412 OLEANDER ROAD
LAKE WALES FL 33853

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, ROGER R.	1.2 NAME	
STREET ADDRESS	412 OLEANDER ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES FL	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, MARGIE L.	2.2 NAME	
STREET ADDRESS	2776 LITTLE ROCK/DECATUR RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	DECATUR EN	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, BRADD S.	3.2 NAME	
STREET ADDRESS	9095 WESTERN PINES DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	DOUGLASVILLE GA	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, JEFFREY TODD	4.2 NAME	
STREET ADDRESS	2776 LITTLE ROCE/DECATUR RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	DECATUR EN	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: [Signature] 4/23/98 601/135-4257

CR2E034 (10/97)