

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

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90024 018 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S58184

1. Corporation Name
TRIANGLE B FARMS, INC.

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

Mailing Address
**P.O BOX 639
DECATUR, EN 39327
US
MS**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 **Mississippi**

2a. Mailing Address

26 **P.O. Box 639**

22 **2776 Little Rock/Decatur Rd**

27

23 **Decatur, MS**

28 **Decatur, MS**

24 **39327** 25 **USA**

29 **39327** 30

3. Date Incorporated or Qualified

06/05/1991

4. FEI Number

59-3072406

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name **William A Drasdo**
82 Street Address (P.O. Box Number is Not Acceptable)
33 N. Lakeshore Blvd
83
84 City **Lake Wales** FL 85 Zip Code **33853**

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 **William A. Drasdo**
Signature, typed or printed name of registered agent and title if applicable.

William A. Drasdo
(NOTE: Registered Agent signature required when reinstating)

4-29-99
DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	BROWN, ROGER R.	
STREET ADDRESS	412 OLEANDER ROAD	
CITY-ST-ZIP	LAKE WALES FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BROWN, MARGIE L.	
STREET ADDRESS	2776 LITTLE ROCK/DECATUR RD	
CITY-ST-ZIP	DECATUR EN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BROWN, BRADD S.	
STREET ADDRESS	9095 WESTERN PINES DRIVE	
CITY-ST-ZIP	DOUGLASVILLE GA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BROWN, JEFFREY TODD	
STREET ADDRESS	2776 LITTLE ROCE/DECATUR RD	
CITY-ST-ZIP	DECATUR EN	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	Decatur, Mississippi
2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	Decatur, Mississippi
3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	Decatur, Mississippi
4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Roger L Brown**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 16 1999 601-635-4257
Date Daytime Phone #

CR2E034 (1/98)