

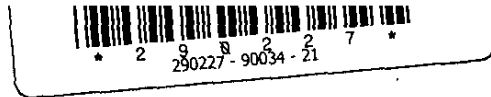
FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90191 039 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 790482
 1. Corporation Name
FLORIDA BRAHMAN ASSOCIATION, INC.

Principal Place of Business FLORIDA CATTLEMEN'S ASSOCIATION BUILDING 1818 N. BERMUDA AVENUE KISSIMMEE FL 34741	Mailing Address 18818 DORMAN RD LITHIA FL 33547 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip	3. Date Incorporated or Qualified 12/28/1944	4. FEI Number 59-6151508	Applied For Not Applicable
24	29 33523	30 U.S.A.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		
		\$5.00 May Be Added to Fees		

9. Name and Address of Current Registered Agent
GERRY STACK, II
 18818 DORMAN RD.
 LITHIA FL 33547

10. Name and Address of New Registered Agent
 81 Name **Ed Dillard**
 82 Street Address (P.O. Box Number is Not Acceptable)
15995 Bellamy Bros. Blvd
 83
 84 City **Dade City** FL 85 Zip Code **33523**

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GERRY STACK, II	
STREET ADDRESS	18818 DORMAN RD.	
CITY-ST-ZIP	LITHIA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DILLARD, ED	change
STREET ADDRESS	15995 BELLAMY BROS. BLVD	
CITY-ST-ZIP	DADE CITY FL 33525	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	STCK, MARGE	
STREET ADDRESS	18818 DORMAN RD	
CITY-ST-ZIP	LITHIA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHACKELFORD, MARCUS	
STREET ADDRESS	P.O. BOX 935 N/A	
CITY-ST-ZIP	WAUCHULA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BARTHE, LARRY	
STREET ADDRESS	6099 BELLAMY BROS. BLVD	
CITY-ST-ZIP	DADE CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WALLACE, DEE	
STREET ADDRESS	400 JFK MEMORIAL BLVD	
CITY-ST-ZIP	W PALM BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Dillard, Ed	
1.3 STREET ADDRESS	15995 Bellamy Bros. Blvd	
1.4 CITY-ST-ZIP	Dade City, FL 33523	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Barley, Aubrey	
2.3 STREET ADDRESS	Rt. 2 Box 1634	
2.4 CITY-ST-ZIP	Lake City, FL 32024	
3.1 TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Dillard Jan B.	
3.3 STREET ADDRESS	15995 Bellamy Bros. Blvd	
3.4 CITY-ST-ZIP	Dade City FL 33523	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	17231 Bellamy Bros. Blvd.	
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)(l), 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 617, 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 REQUIRED on B. Dillard** 3/3/99 352-588-4075
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)