

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. McMIK
Secretary of State
Division of Corporations

DOCUMENT # **151642** (6)

1. Corporation Name

DRAPER'S EGG & POULTRY CO., INC.



Principal Place of Business

Mailing Address

500 S. MAIN ST.
PO BOX 128
LEE FL 32059

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PO BOX 128
LEE FL 32059

3. Date Incorporated or Qualified 07/10/1947	3a. Date of Last Report 05/01/1995
4. FEI Number 59-0582511	Applied For Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHERRY, LARRIE J. SR.
500 SOUTH MAIN STREET
LEE FL 32059

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

11. Pursuant to the provisions of Sections 607.0602 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 (if applicable)

Name of Registered Agent (signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	CHERRY, CARSON	
STREET ADDRESS	POB 218 ROLLER COASTER H	N/A
CITY-ST-ZIP	LEE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CHERRY, VIRGINIA B.	
STREET ADDRESS	POB 128 HIGHWAY 255	N/A
CITY-ST-ZIP	LEE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CHERRY, L.J.	
STREET ADDRESS	BOX 128 HIGHWAY 255	N/A
CITY-ST-ZIP	LEE FL	
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. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-ST-ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-ST-ZIP	

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***200.00
5-1-96
AES

SIGNATURE:

Larrie J. Cherry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LARRIE J. CHERRY

4-26-96
DATE

904-971-5558
OFFICE PHONE #

CR2E034 (12/95)