

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 151642 (6)**

1. Corporation Name  
**DRAPER'S EGG & POULTRY CO., INC.**



Principal Place of Business: **500 S. MAIN ST. PO BOX 128 LEE FL 32059**  
Mailing Address: **500 S. MAIN ST. 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**  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 [ ]  
2a. Mailing Address: 26 [ ]  
22 Suite, Apt. #, etc.: [ ]  
27 Suite, Apt. #, etc.: [ ]  
23 City & State: [ ]  
28 City & State: [ ]  
24 Zip: [ ] 25 Country: [ ]  
29 Zip: [ ] 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: [ ]  
82 Street Address (P.O. Box Number is Not Acceptable): [ ]  
83 [ ]  
84 City: [ ]  
85 Zip Code: **FL** [ ]

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 signatory 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**

1.1 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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	
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	

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\*\*\*200.00  
5-1-96  
[Signature]

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Larrie J. Cherry*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**LARRIE J. CHERRY**

4-26-96  
904-971-5558  
Date: Office Phone:

CR2E034 (12/95)