

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Matham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **822894** (2)

1. Corporation Name

**ODOM'S TENNESSEE PRIDE SAUSAGE, INC.**



Principal Place of Business

1201 NEELY'S BEND RD  
MADISON TN 37115  
US

Mailing Address

1201 NEELY'S BEND RD.  
MADISON TN 37115  
US

2. Principal Place of Business

2a. Mailing Address

21	State, Apt., #, etc.	26	State, Apt., #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	County	29	County
30		30	

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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 607.07(2) and 607.15(15), 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 Sections 607.07(2) Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ODOM, D.G. JR.	
STREET ADDRESS	1201 NEELY'S BEND RD.	
CITY-STATE-ZIP	MADISON TN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ODOM, R.A.	
STREET ADDRESS	1201 NEELY'S BEND RD.	
CITY-STATE-ZIP	MADISON TN	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	VENABLE, P W	
STREET ADDRESS	NEELEY'S BEND RD	
CITY-STATE-ZIP	MADISON, TN 00000	
TITLE	P	<input type="checkbox"/> DELETE
NAME	ODOM, L.D.	
STREET ADDRESS	1201 NEELY'S BEND RD.	
CITY-STATE-ZIP	MADISON TN	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15	NAME	
16	STREET ADDRESS	
17	CITY-STATE-ZIP	
18	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19	NAME	
20	STREET ADDRESS	
21	CITY-STATE-ZIP	
22	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23	NAME	
24	STREET ADDRESS	
25	CITY-STATE-ZIP	
26	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
27	NAME	
28	STREET ADDRESS	
29	CITY-STATE-ZIP	
30	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31	NAME	
32	STREET ADDRESS	
33	CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is true and correct and does not conflict with the exemption statement 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 person or persons authorized to execute this report or reports by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or corrected at least twice a year.

SIGNATURE: *P.W. Venable* *Sic TN* *P.W. Venable* *3/18/96*

CR2E034 (12/95)