FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 19 AM 8:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N13208 (6)

1. Corporation Name
SOUTHEASTERN MEAT ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
3437 SW 24TH AVENUE C/O WILLIAM L. BROWN GAINESVILLE FL 32607	3437 SW 24TH AVENUE C/O WILLIAM L. BROWN GAINESVILLE FL 32607

3. Date Incorporated or Qualified: 01/28/1986
3a. Date of Last Report: 02/14/1994
4. FEI Number: 59-2642242 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

BROWN, WILLIAM L.
3437 SW 24TH AVENUE
GAINESVILLE FL 32607

10. Name and Address of New Registered Agent

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DV	1.1 TITLE	DP	☒ Change ☐ Addition
NAME	MADDOX, FERRIL	1.2 NAME	MADDOX, FERRIL	
STREET ADDRESS	LYKES BROS. INDUSTRIAL PARK	1.3 STREET ADDRESS	LYKES BROS. INDUSTRIAL PARK	
CITY-ST-ZIP	PLANT CITY FL	1.4 CITY-ST-ZIP	PLANT CITY, FL 33566	
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	CHERRY, ALLEN	2.2 NAME		
STREET ADDRESS	HIGHWAY 53 SOUTH	2.3 STREET ADDRESS		
CITY-ST-ZIP	MADISON FL	2.4 CITY-ST-ZIP		
TITLE	DM	3.1 TITLE		☐ Change ☐ Addition
NAME	BROWN, WILLIAM L.	3.2 NAME		
STREET ADDRESS	3437 SW 24TH AVENUE	3.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE	TD	☐ Change ☒ Addition
NAME	SOLANA, DAVID	4.2 NAME	BAKER, GEORGE	
STREET ADDRESS	76 ALFRED STREET	4.3 STREET ADDRESS	R.L. ZEIGLER, 1 PLANT ST.	
CITY-ST-ZIP	SAVANNAH GA 31402	4.4 CITY-ST-ZIP	SELMA, AL 36703	
TITLE	TD	5.1 TITLE	DV	☒ Change ☐ Addition
NAME	BRYAN, TOMMY	5.2 NAME	BRYAN, TOMMY	
STREET ADDRESS	HWY 48 AT SCL RAILROAD	5.3 STREET ADDRESS	HWY 48 at SCL RAILROAD	
CITY-ST-ZIP	CENTER HILL FL 34254	5.4 CITY-ST-ZIP	CENTER HILL, FL 34254	
TITLE	DP	6.1 TITLE	D	☒ Change ☐ Addition
NAME	LEE, DAVID	6.2 NAME	LEE, DAVID	
STREET ADDRESS	8TH & MILLER STREET	6.3 STREET ADDRESS	8th & MILLER STREET	
CITY-ST-ZIP	ALMA GA 31510	6.4 CITY-ST-ZIP	ALMA, GA 31510	

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William L. Brown — March 30, 1995 — 904-372-0436
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DR. WILLIAM L. BROWN

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