

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N13208** (6)

1. Corporation Name

SOUTHEASTERN MEAT ASSOCIATION, INC.

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

04/19/1995

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**

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.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **DP
MADDOX, FERRIL**
STREET ADDRESS **LYKES BROS. INDUSTRIAL PARK**
CITY-ST-ZIP **PLANT CITY FL**

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **D
CHERRY, ALLEN**
STREET ADDRESS **HIGHWAY 53 SOUTH**
CITY-ST-ZIP **MADISON FL**

1.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **DM
BROWN, WILLIAM L.**
STREET ADDRESS **3437 SW 24TH AVENUE**
CITY-ST-ZIP **GAINESVILLE FL**

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **TD
BAKER, GEORGE**
STREET ADDRESS **R.L. ZEIGLER, 1 PLANT ST.**
CITY-ST-ZIP **SELMA AL**

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **DV
BRYAN, TOMMY**
STREET ADDRESS **HWY 48 AT SCL RAILROAD**
CITY-ST-ZIP **CENTER HILL FL**

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **D
LEE, DAVID**
STREET ADDRESS **8TH & MILLER STREET**
CITY-ST-ZIP **ALMA GA**

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/96

Date

352-372-0436

Daytime Phone #

CR2E037 (12/95)