

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90084 010 ****61.25

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DOCUMENT # N13208

1. Corporation Name

SOUTHEASTERN MEAT ASSOCIATION, INC.

Principal Place of Business

3437 SW 24TH AVENUE
C/O WILLIAM L. BROWN
GAINESVILLE FL 32607

Mailing Address

3437 SW 24TH AVENUE
C/O WILLIAM L. BROWN
GAINESVILLE FL 32607



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

01/28/1986

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

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 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **ONICK, ANNA**
STREET ADDRESS **201 TUSKAWILLA ROAD**
CITY-ST-ZIP **WINTER APRINGS FL**

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☒ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D.T.
Dwight Kelley
P.O. Box 409
Elba, AL 36323

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/99

Date

352-372-0436

Daytime Phone #

CR2E037 (11/98)