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PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 151642

(6)

DRAPER'S EGG & POULTRY CO., INC.

FILED							
Apr 21 1997	8:00am						
Secretary o	f State						

								IB MAI BIBN BI		\$1 81811 188 4
Principal Place	e of Business	Mailing	Address					in 1004 distini	EIL Q1811 D1911 010	A BIBIR ABBI
500 S. MAIN S										
PO BOX 128 LEE FL 32059		PO BO)	(128 32059-0128							
CCC LL 38009		CEC FL	320390120				3. Date Incorporated or Quali	fied 3a.	Date of Last	Report
							07/10/1947		5/01/1996	
2. Principal P	lace of Business	2a. Ma	iling Address				4. FE! Number	· · · · · · · · · · · · · · · · · · ·		Applied For
21		26					59-0582511	_		Vot Applicable
Sulte, Apt.	#, etc.	Suit	te, Apt. #, etc.				5. Certificate of Status Desire	a \square		Additional
22		27					S. Sommens of States Doore		Fee F	Required
City & State	θ	├ı '	City & State			6. Election Campaign Financi		•	0 мау Ве	
23	Country	28	<u> </u>	-L	nie.		Trust Fund Contribution	<u> </u>		to Fees
Zip	Country	Zip		Cour	nury		This corporation has liabilit Florida Statutes	y for intangi ☐ Yes	ble tax under	s. 199.032,
24	25 9. Name and Address of Current	29 Registere	d Ament	30			10. Name and Address of Ne			
CHE	RRY, LARRIE J. SR.	. riegibiore			81	Name	10, 110, 110, 110, 110, 110, 110, 110,	n mogrator		
	SOUTH MAIN STREET									
	FL 32059				82	Street Add	ress (P.O. Box Number is Not Acc	eplable)		
LCC	rt 32039			-	83					
				Ļ					1 -1 -2	
					84	City		F	EL 85 Zip	o Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1	508, Florida Statu	itos, the ab	ove.	named corp	poration submits this statement for	the purpos	e of changing	its registered
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State in facility) with, and accept the obliga	Florida, S Jone G. Sei	Such change was ction 607.0505. E	authorized J erid a Statu	i by ules.	the corpora	tion's board of directors. I hereby	accept the a	appointment a	is rogistered
SIGNATURE	CAMPION C	42	W			1/PD)		4/	12/97
Oldinatione	Schalure, typed or printed name of registered agen			ITE Flegislered	Agen	it signature requi	ired when roinstating)	DA1		7 /
12.	OFFICERS AND	DIRECTOR		13.		-	ADDITIONS/CHANGES TO	OFFICERS A		
TITLE	VPD		☐ DELETE	1.1 111					☐ Change	Addition
NAME	CHERRY, CARSON	MIAL		1,2 NA						
STREET ADDRESS	POB 218 ROLLER COASTER H	(NA)				ADORESS				
CITY-ST-ZIP TITLE	SD SD		DELETE	1.4 CIT 2.1 TIT		- ZIP			Change	Addition
NAME	, - -		oittie	1		}			Onlingo	C 710011017
STREET ADDRESS	CHERRY, VIRGINIA B. NOORESS POB 128 HIGHWAY 255 (NA)			2.2 NAME 2.3 STREET ADDRESS						
· ·	LEE FL					1				
CITY-ST-ZIP TITLE	PD		DELETE	2 4 Cl		1 - 211			Change	Addition
NAME	CHERRY, L.J.			3 2 NA						
STREET ADDRESS	BOX 128 HIGHWAY 255 (NA)			1 "		ADDRESS				l.
CITY-ST-ZIP	LEE FL			3.4. Ct						
TITLE			DELETE	4.1 7/1	•		······································		Change	Addilion
NAME				4. 2 NA	AME					
STREET ADDRESS				4.3 ST	REE1 /	ADDRESS				ĺ
CITY-ST-ZIP				4.4 CIT	IY-\$1	- ZIP				
TITLE			DELETE	5.1 1(1	LF	7			Change	Addition
NAME				5.2 NA	ME					
STREET ADDRESS				5.3 \$11	REE1 #	ADDRESS				
CITY-ST-ZIP				5.4 CI		- ZIP				
TITLE .			☐ DELETE	61111		1			Change	: 🔲 Addition
NAME	1876 .			6.2 NA	ME					
STREET ADDRESS	NO. 35			6.3 S1	REET A	ADDRESS				
CITY-ST-ZIP				6.4 CI1			11.0			
14. I do herel	by certify that the information supplied	l with this fil	ino does not que	lify for the a	exer	notion state	d in Section 119.07(3)(i). Florida S	tatutes. I für	ther certify the	at 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 Statules; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.