

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Apr 09, 1999 8:00 am**  
**Secretary of State**

04-09-1999 90043 004 \*\*\*150.00

**DOCUMENT # 291980**

1. Corporation Name

**VOSCINAR POULTRY FARMS INC**

Principal Place of Business

**17343 BENES-ROUSH ROAD  
BROOKSVILLE FL 34609**

Mailing Address

**17343 BENES-ROUSH ROAD  
BROOKSVILLE FL 34609**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/14/1965**

4. FEI Number

**59-1115062**

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 owes the current year Intangible  
Personal Property Tax. ☐ 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

**VOSCINAR, STEVE  
17343 BENES ROUSH RD  
BROOKSVILLE FL 34609**

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

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

NAME

STREET ADDRESS

CITY-ST-ZIP

**PD  
VOSCINAR, STEVE  
BENES ROUSH RD  
MASARYKTOWN FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**VD  
VOSCINAR, MICHAEL  
BENES ROUSH RD  
MASARYKTOWN FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**SD  
VOSCINAR, OLGA  
BENES ROUSH RD  
MASARYKTOWN FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**TD  
VOSCINAR, LYNN  
BENES ROUSH RD  
MASARYKTOWN FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*April 6-1999* **352-799-4186**

CR2E034 (1/1/98)