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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

(9)

DOCUMENT # 29728
HODGES POULTRY FARM, INC.

HOUGES POULINT FARM, INC.				) 1881ra (1816 18818 18818 1881 and Will State 6181 State 6181 State
Principal Place	e of Business	Mailing Address		
HODGES RD		HODGES RD		
DRAWER D DRAWER D				
CALLAHAN FL	. 32011	CALLAHAN FL 32011		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified 10/01/1965
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number Applied For
21		26 TO BOY 3	5011	<b>59-1077658</b> Not Applicable
Suite, Apt,	#, etc.	Suite, Apt. #, etc.		S8 75 Additional
22		27		5. Certificate of Status Desired Fee Required
City & State	)	City & State		6. Election Campaign Financing \$5.00 May Be
23		28 (allahar	1, -ka	Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25	29 32011 3	0	Personal Property Tax due June 30. Yes No
	<ol><li>Name and Address of Current</li></ol>	Registered Agent	<u> </u>	10. Name and Address of New Registered Agent
MIZELL,NORA 81 Name				
S.R. 121 CALLAHAN FL 32011			82 Street Ad	ddress (P.O. Box Number is Not Acceptable)
CAL	LARAN FL OZOTI		83	
			84 City	85 Zip Code
FL 85 ZIP COLE				
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 obligators of, Section 607.005, Florida Statutes.				
SIGNATURE Signature typed or printed name of registered agent and bit lyft applicable. (NOTE: Registered Agent signature required when reinstating)  WATE				
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIBECTORS IN 12
TITLE	PD	□ DELETE	1,1 TITLE	Change Addition
NAME	MIZELL <sub>.</sub> C J		1.2 NAME	O
STREET ADORESS	S.R. 121 P.O. BOX 181 N/A		1.3 STREET ADDRESS	16 Boy 5011 - 5R121
CITY - ST - ZIP	CALLAHAN FL		1.4 CITY - ST - ZIP	
TITLE	ST	DELETE	2.1 TITLE	Change Addition
NAME	MIZELL, NORA		2.2 NAME	00 . < ~ 1 ~ 5 ~ 10 1
STREET ADDRESS	S.R. 121 P.O. BOX 181		2.3 STREET ADDRESS	Bousoll - SRIAI
CITY-ST-ZIP	CALLAHAN FL		2. 4 CITY - ST - ZIP	· · · · · · · · · · · · · · · · · · ·
TITLE	VPD	☐ DELETE	3.1 TITLE	Change Addition
NAME	MIZELL, C J		3.2 NAME	6 Bay 5011 - 5R181
STREET ADDRESS	HODGES RD		3.3 Street Address 🗜	P DOM 2011
CITY - ST - ZIP	CALLAHAN FL		3.4. CITY - ST - ZIP	
TITLE		☐ DELETE	4,1 TITLE	L Change L Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY - ST - ZIP			5.4 CITY~ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6,3 STREET ADDRESS	
CITY-ST-ZIP	outifit that the information our first with	h this filles dess not availf. for	6.4 CITY-ST-ZIP	In Continue 410 07/3VI) Elevido Stotutos Liberthoy gostife that the Informacia
- a4. □ ∷ereby Ci	enny mai me imonfiation suppiéd wit	mans raing does not quality for t	ne exemplion stated i	in Section 119.07(3)(i), Florida Statutes. I further certify that the information

indicated on this annual report or supplied with an address. In the indicated on this annual report or supplied 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:**