SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 21 PM 2:15

DOCUMENT # **300397** **(7)**

1. Corporation Name
MODERN FEED MANUFACTURING CO

Principal Place of Business	Mailing Address
4507 HICKORY CREEK LANE ~~P.O. BOX 598~~ BRANDON FL 33511 US	4507 HICKORY CREEK LANE ~~P.O. BOX 506~~ BRANDON FL 33511 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/04/1966**
3a. Date of Last Report: **07/11/1994**

2. Principal Place of Business
21 **4507 Hickory Creek Lane**
Suite, Apt. #, etc. 22
City & State 23 **Brandon, Florida**
Zip 24 **33511** County 25 **Hillsboro**

2a. Mailing Address
26 **4507 Hickory Creek Lane**
Suite, Apt. #, etc. 27
City & State 28 **Brandon, Florida**
Zip 29 **33511** County 30 **Hillsboro**

4. FEI Number: **59-1148261** ☐ 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

9. Name and Address of Current Registered Agent

IRVING G. LAWRENCE , ESQ
112 EAST ST
STE A
TAMPA FL 33602

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 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 _____ DATE
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	CAMPOAMOR, JOE M	12 NAME	
STREET ADDRESS	4507 HICKORY CREEK LANE	13 STREET ADDRESS	
CITY ST ZIP	BRANDON FL	14 CITY ST ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	NUCCIO, VINCENT L	22 NAME	
STREET ADDRESS	2611 MANOR OAK DR	23 STREET ADDRESS	
CITY ST ZIP	VALRICO FL	24 CITY ST ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	CAMPOAMOR, MANUEL J	32 NAME	
STREET ADDRESS	1734 N. TAYLOR ROAD	33 STREET ADDRESS	
CITY ST ZIP	BRANDON FL	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added on an attachment with an address.

SIGNATURE: Joe M. Campoamor, President 6-13-95 813-623-5394
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Joe M. Campoamor

0152029 FP