FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

309523

(9)

DOCUMENT # 309(1. Corporation Name PITTS POULTRY FARMS INC

OCC LIMEDION LAND	OCE THIEDRAN TANE
Principal Place of Business	Mailing Address



355 LIMERIC PENSACOLA		355 LIMERICK LANE PENSACOLA FL 32514				T-2-1-2		
					3. Date Incorporated or Qualified 09/29/1966	3a. Date of Last 05/01/	· ·	
2. Principal Pla		2a. Mailing Address			4. FEI Number	<u> </u>	Applied For	
21 720 E NING MILLERO 26 720 E NING MILERA			59-1156424 Not Applicable					
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		75 Additional e Required	
City & State City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip Country 24 325 14-1447 25 U.S. A. 29 32574-1447 30 U.S								
	9. Name and Address of Current	Registered Agent			10. Name and Address of New R	egistered Agent		
			B1 1	Name $\bigcap \mathcal{C}$	REGORY C. Pitts			
PITTS,H	arvey j		82 5	Street Addres	ss (P.O. Box Number is Not Acceptab	le)		
355 LIM	ERICK LN.			120 E	. NINE MILE RC)		
PENSAC	OLA FL 32504		83	-	•		ļ	
			84 (PENS	racola .	FL 85	Zip Code 3 2 5 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
11. Pursuant to	o the provisions of Sections 607.0502	and £07.1508, Florida Statute	s. the above-har	nea comorai	tion submits this statement for the bur	oose of changing it	s registered office	
or registere familiar wit	ed agent, or both, in the State of Florida h, and accept the obligations of Section	e. Such change was authorize in 607.0505, Florida Statutes.	d by the corpora	ition's board	of directors. I hereby accept the appoint	ointment as register	red agent. I am	
SIGNATURE	Ime Chit					-30-96		
SIGNATURE.	Signature, taked or printed name of registered against a	GREGORY (NOT	E. Registered Agent sig	gnature required v	when reinstating)	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF			
TITLE	PD	D Z DELETE	1 1 TOTLE	777	side of Ollo	Chang	ge 🔲 Addition	
NAME	PITTS, JOHNNY J		1.2 NAME	GRE	OE. NINE MILE RD			
STREET ADDRESS	RT. 4, BOX 126A		1.3 STREET AD	DRESS '72 4	OE. NINE MILL KID	•		
CITY-ST-ZIP	MILTON, FL 00000		1.4 CHY- ST-2	IP PC	VSACOLA FL 32514			
TITLE	CD	☐ DELETE	2 1 TITLE	Vic	E President	Chang	ge 🔲 Addition	
NAME	PITTS, HARVEY J		2 ? NAME	14/	ARVEY J. Pitts			
STREET ADDRESS	335 LIMERICK LN.		23 STREET AD	DRESS 353	5 Limerick LN.			
CITY-ST-ZIP	PENSACOLA, FL 00000	F	2.4 CITY - ST - Z	P PE	NSACOLA FL 32514			
TITLE	8	DELETE	3 1 TITLE	\$6	cretARY/TREASURA	Chang	ge (127 Addition	
NAME	PITTS, GREGORY C.		3.2 NAME	JA	NET H. Pitts OE NING MILE RU	,		
STREET ADDRESS	9720 NICHOLS LAKE RD		3.3. STREET AC	idress 7,2 (OE NING MICE RO			
CITY-ST-ZIP	MILTON FL	FED DELEVE	3.4 CITY - ST - Z	IP PEN	NSACOLA FL 3251			
TITLE		☐ DELETE	4. 1 TITLE			Chang	ge 🔲 Addition	
NAME			4.2 NAME				Į	
STREET ADDRESS			4.3 STREET AD	DRESS			•	
CITY-SI-ZIP		FT BELEVI	4.4 CI1Y - S1 - Z	1P				
TITLE		DELETE	5. 1 TITLE			Chang	ge	
NAME			5.2 NAME				į	
STREET ADDRESS			5.3 STREET AD	DRESS			•	
CITY-ST-ZIP			5 4 CITY- ST- 2	'IP				
TITLE		□ DELETE	: 6. 1 TITLE			Chang	ge 🔲 Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET AD	DRESS				
CITY-SI-7IP			6 4 CITY - ST - 2					
14. I do hereby	y certify that the information supplied w	ith this filing is voluntarily furnic	shed and does r	ot qualify for	the exemption stated in Section 119.	07(3)(k), Florida Sta	itutes. I further	

oath; that the information supplied with this light is voluntarily to missing and obes not quality for the exemption stated in Section 119.07(s)(k), Florida Statutes, I furner 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 on an attachment with an address.

SIGNATURE:

IGNATOR AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

430.96

904-494.0707 Daytime Priore #