FILED 2002 UNIFORM BUSINESS REPORT (UBR) Jan 27, 2002 8:00 am 309523 DOCUMENT # Secretary of State 1. Entity Name 01-27-2002 90017 034 ***150.00 PITTS POULTRY FARMS INC Principal Place of Business Mailing Address 2425 W NINE MILEROAD P.O. BOX:1058 PENSACOLA FL 32534 **GONZALEZ FL 32560** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1156424 Not Applicable _ Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **GREGORY C. PITTS** Street Address (P.O. Box Number is Not Acceptable) 9200 ASHLAND AVE RENSACOLA FL 32534 8. The above parted entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS President Jonet H. Pitts Change Addition Delete TITLE TITLE PITTS, GREGORY C NAME NAME 9200 Ashland Ave 9200 ASHLAND AVE STREET ADDRESS STREET ADDRESS PENSACOLA FL 32534 CITY-ST-ZIP CITY-ST-ZIP 32534 Pensacola Vice President Addition 🛣 Delete TITLE TITLE James R. Caraway 9200 Brunson Road NAME NAME PITTS, JANET H STREET ADDRESS STREET ADDRESS 9200 ASHLAND AVE CITY-ST-ZIP Pensacola FL 32514 CITY-ST-ZIP PENSACOLA FL 32534 Sec - Tres X Change ■ Addition TITLE □ Delete Gregory C. Pitts 9800 Ashland AVE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachmen

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP