

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
Jun 02, 1999 8:00 am
Secretary of State

06-02-1999 90006 002 ***900.00

DOCUMENT # 318162

1. Corporation Name

POULTRY HEALTH SERVICE OF GEORGIA, INC.

Linco Holdings of Georgia Inc., Amended 12/17/98

Principal Place of Business

509 STUART LANE
JACKSONVILLE FL 32254
US

Mailing Address

509 STUART LANE
JACKSONVILLE FL 32254
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/26/1967

4. FEI Number

59-1201448

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

21 P.O. Box 56499
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 56499
Suite, Apt. #, etc.

City & State

23 JACKSONVILLE, FL

City & State

28 JACKSONVILLE, FL

Zip

24 32241

Country

Zip

29 32241

Country

30

9. Name and Address of Current Registered Agent

LINDSEY, JOHN H
509 STUART ST
JACKSONVILLE FL 32254

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

13640 Mandarin Road

83

84 City

JACKSONVILLE

FL

85

Zip Code

32223

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 ☐ DELETE

NAME D
COOPER, GENE W
STREET ADDRESS 509 STUART LANE
CITY-ST-ZIP JACKSONVILLE, FL 00000

TITLE ☐ DELETE

NAME S
COOPER, GENE W
STREET ADDRESS 509 STUART LANE
CITY-ST-ZIP JACKSONVILLE, FL 00000

TITLE ☐ DELETE

NAME DP
LINDSEY, JOHN H.
STREET ADDRESS 509 STUART LANE
CITY-ST-ZIP JACKSONVILLE, FL 00000

TITLE ☐ DELETE

NAME D
LINDSEY, KATHERINE C.
STREET ADDRESS 509 STUART LANE
CITY-ST-ZIP JACKSONVILLE, FL 00000

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

P.O. Box 56499

32241

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

P.O. Box 56499

32241

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

P.O. Box 56499

32241

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

Asst. Secretary

P.O. Box 56499

32241

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

14. 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 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, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-99

904 786 5195

CR2E034 (11/98)