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CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 16 PM 3:06

DOCUMENT # 515802

(7)

1. Corporation Name

DELTA HATCHERIES, INC.

Principal Place of Business

RT 9 BOX 1126  
LAKE CITY FL 32055

Mailing Address

RT 9 BOX 1126  
LAKE CITY FL 32055

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/05/1976

3a. Date of Last Report

03/23/1994

4. FEI Number

59-1714950

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITHEY, W. R.  
ROUTE 9, BOX 1126  
LAKE CITY FL 32055

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

Signature (Typed or printed name of registered agent and the corporation)

(X) (X) Registered Agent signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| TITLE | NAME                 | STREET ADDRESS    | CITY-ST-ZIP  |
|-------|----------------------|-------------------|--------------|
| PD    | SMITHEY, W. R.       | ROUTE 9, BOX 1126 | LAKE CITY FL |
| V     | SMITHEY, ETHELIND W. | ROUTE 9, BOX 1126 | LAKE CITY FL |
| S     | SMITHEY, J. R.       | ROUTE 9, BOX 1126 | LAKE CITY FL |
|       |                      |                   |              |
|       |                      |                   |              |
|       |                      |                   |              |
|       |                      |                   |              |
|       |                      |                   |              |
|       |                      |                   |              |

| 1.1 TITLE          | Change | Addition |
|--------------------|--------|----------|
| 1.2 NAME           |        |          |
| 1.3 STREET ADDRESS |        |          |
| 1.4 CITY-ST-ZIP    |        |          |
| 2.1 TITLE          |        |          |
| 2.2 NAME           |        |          |
| 2.3 STREET ADDRESS |        |          |
| 2.4 CITY-ST-ZIP    |        |          |
| 3.1 TITLE          |        |          |
| 3.2 NAME           |        |          |
| 3.3 STREET ADDRESS |        |          |
| 3.4 CITY-ST-ZIP    |        |          |
| 4.1 TITLE          |        |          |
| 4.2 NAME           |        |          |
| 4.3 STREET ADDRESS |        |          |
| 4.4 CITY-ST-ZIP    |        |          |
| 5.1 TITLE          |        |          |
| 5.2 NAME           |        |          |
| 5.3 STREET ADDRESS |        |          |
| 5.4 CITY-ST-ZIP    |        |          |
| 6.1 TITLE          |        |          |
| 6.2 NAME           |        |          |
| 6.3 STREET ADDRESS |        |          |
| 6.4 CITY-ST-ZIP    |        |          |

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-95 904-752-0428