

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Feb 09 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 515802 (7)  
1. Corporation Name  
DELTA HATCHERIES, INC.

Principal Place of Business  
RT 9 BOX 1126 RT 15 Box 4130  
LAKE CITY FL 32024  
US

Mailing Address  
RT 9 BOX 1126 RT 15 Box 4130  
LAKE CITY FL 32024  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 RT 15 Box 4130 Suite, Apt. #, etc. 22 City & State 23 LAKE CITY FL Zip Country 24 32024 25		2a. Mailing Address 26 RT 15 Box 4130 Suite, Apt. #, etc. 27 City & State 28 LAKE CITY FL Zip Country 29 32024 30		3. Date Incorporated or Qualified 10/05/1976	
		4. FEI Number 59-1714950		Applied For Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent SMITHEY, W. R. ROUTE 9, BOX 1126 RT 15 Box 4130 LAKE CITY FL 32024		10. Name and Address of New Registered Agent 81 Name W R SMITHEY 82 Street Address (P.O. Box Number is Not Acceptable) 83 RT 15 Box 4130 84 City LAKE CITY FL 85 Zip Code 32024	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITHEY, W. R.	1.2 NAME	
STREET ADDRESS	ROUTE 9, BOX 1126 RT 15 Box 4130	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITHEY, ETHELIND W.	2.2 NAME	
STREET ADDRESS	ROUTE 9, BOX 1126 RT 15 Box 4130	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITHEY, J. R.	3.2 NAME	
STREET ADDRESS	ROUTE 9, BOX 1126 RT 15 Box 4130	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: W R Smithy 1-29-98 909-752-0428

CR2E034 (10/97)