FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED
MAR 27 1995
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **650090** **(4)**

1. Corporation Name
GILCHRIST SAUSAGE COMPANY

400001441734
-03/28/95--01009--003
****200.00 ****200.00
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
6266 NORTHEAST JACKSONVILLE ROAD OCALA FL 34479 US	6266 NORTHEAST JACKSONVILLE ROAD OCALA FL 32670

3. Date Incorporated or Qualified: **01/04/1980**
3a. Date of Last Report: **01/24/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: **59-2012035** ☐ 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

9. Name and Address of Current Registered Agent

THOMPSON, JONNIE M.
6266 JACKSONVILLE ROAD
OCALA FL 34479

10. Name and Address of New Registered Agent

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 _____ (DATE)
Signature, typed or printed name of registered agent and title if applicable — Registered Agent signature required when new/updated

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS	11 TITLE	☐ Change ☐ Addition
NAME	MIKELL, JEWEL	12 NAME	
STREET ADDRESS	6266 NE JAX ROAD	13 STREET ADDRESS	
CITY-ST-ZIP	OCALA, FL 00000	14 CITY ST ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	THOMPSON, JONNIE M	22 NAME	
STREET ADDRESS	ROUTE 1 BOX 1029-A	23 STREET ADDRESS	
CITY ST ZIP	ANTHONY, FL 00000	24 CITY ST ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	THOMPSON, TIM	32 NAME	
STREET ADDRESS	9401 NE 25TH AVE	33 STREET ADDRESS	
CITY ST ZIP	ANTHONY FL	34 CITY ST ZIP	
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	THOMPSON, MIKE	42 NAME	
STREET ADDRESS	P O BOX 576/NA	43 STREET ADDRESS	
CITY ST ZIP	ANTHONY FL	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	3/27/95 MST
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: [signature] 3-28-95 904-622-2353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR AUTHORIZED AGENT — Date — Daytime Phone #