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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -8 AM 9:42

DOCUMENT # 703685 (8)

1. Corporation Name
FLORIDA POULTRY FEDERATION, INC.

Principal Place of Business	Mailing Address
4508 OAK FAIR BLVD SUITE 290 TAMPA FL 33610	4508 OAK FAIR BLVD SUITE 290 TAMPA FL 33610

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/08/1962
3a. Date of Last Report: 03/28/1994
4. FEI Number: 59-1117154 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
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. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SMITH, CHARLES R.
4508 OAK FAIR BLVD
SUITE 290
TAMPA FL 33610

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 2-1-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☒ Change ☐ Addition P
NAME	STEPHENS, LANNY	1.2 NAME	Klempf, Jacques
STREET ADDRESS	HWY. 90 EAST	1.3 STREET ADDRESS	5139 Edgewood Court Jax. FL
CITY-ST-ZIP	LIVE OAK FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	☒ Change ☐ Addition VP
NAME	KLEMPF, JACQUES	2.2 NAME	Welsh, Bob
STREET ADDRESS	5139 EDGEWOOD COURT	2.3 STREET ADDRESS	210 Century Blvd.
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	Bartow, FL
TITLE	ST	3.1 TITLE	☐ Change ☐ Addition
NAME	CHERRY, LARRIE	3.2 NAME	
STREET ADDRESS	104 S MAINE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LEE FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	BRONSON, STEWART	4.2 NAME	
STREET ADDRESS	35499 - 4TH ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	SORRENTO FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	WELSH, BOB	5.2 NAME	
STREET ADDRESS	210 CENTURY BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	BARTOW FL	5.4 CITY-ST-ZIP	
TITLE	VP	6.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, CHARLES R	6.2 NAME	
STREET ADDRESS	4508 OAK FAIR BLVD., #290	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	6.4 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Charles R. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles R. Smith 2-1-95 813-628-4551
Date Daytime Phone #

0061005