

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 703685 (8)

1. Corporation Name

FLORIDA POULTRY FEDERATION, INC.



Principal Place of Business

**4508 OAK FAIR BLVD
SUITE 290
TAMPA FL 33610**

Mailing Address

**4508 OAK FAIR BLVD
SUITE 290
TAMPA FL 33610**

3. Date Incorporated or Qualified
03/08/1962

3a. Date of Last Report
02/08/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **Charles R. Smith**

Signature, typed or printed name of registered agent or director or officer, as applicable

Charles R. Smith
Signature, typed or printed name of registered agent or director or officer, as applicable

3-28-96
DATE

12. OFFICERS AND DIRECTORS

TITLE

P

**KLEMPF, JACQUES
5139 EDGEWOOD COURT
JACKSONVILLE FL**

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

VP

**WELSH, BOB
210 CENTURY BLVD
BARTOW FL**

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

ST

**CHERRY, LARRIE
104 S MAINE
LEE FL**

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

D

**BRONSON, STEWART
35499 - 4TH ST.
SORRENTO FL**

☒ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

D

**WELSH, BOB
210 CENTURY BLVD.
BARTOW FL**

☒ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

VP

**SMITH, CHARLES R
4508 OAK FAIR BLVD., #290
TAMPA FL**

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

D

**Biggers, Jim
702 42nd St., NW
Winter Haven FL**

☐ Change

☒ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

D

**Driggers, Gerald
P.O. Box 1000
Live Oak FL**

☐ Change

☒ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

D

**Burtscher, John
3244 NW Pearce St - Arcadia FL**

☐ Change

☒ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

D

**Hazen, Jack
P.O. Box 2109 Lake City FL**

☐ Change

☒ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

D

**Bynum, Mike
P.O. Box 600
Dover FL**

☐ Change

☒ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

D

**Linville, Danny
P.O. Box 9005
Zenhyrhills FL**

☐ Change

☒ Addition

62 NAME

63 STREET ADDRESS

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 provided in Section 119.07(3)(k), 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

3-28-96
DATE

813-628-4551
Daytime Phone

CR2E037 (12/95)