

FILE NOW: FILING FEE IS \$61.25

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Jan 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33610-7353

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	03/08/1962	04/02/1996
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	59-1117154	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
24	25	29	30
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SMITH, CHARLES R. 4508 OAK FAIR BLVD SUITE 290 TAMPA FL 33610	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLEMPF, JACQUES	1.2 NAME	Bob Welsh
STREET ADDRESS	5139 EDGEWOOD COURT	1.3 STREET ADDRESS	210 Century Blvd
CITY - ST - ZIP	JACKSONVILLE FL	1.4 CITY - ST - ZIP	Bartow FL 33830
TITLE	VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WELSH, BOB	2.2 NAME	Keith Salmi
STREET ADDRESS	210 CENTURY BLVD	2.3 STREET ADDRESS	38777 Recker Hwy
CITY - ST - ZIP	BARTOW FL	2.4 CITY - ST - ZIP	Winter Haven FL 33883
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIGGERS, JIM	4.2 NAME	
STREET ADDRESS	702 42ND STREET NW	4.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER HAVEN FL	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRIGGERS, GERALD	5.2 NAME	
STREET ADDRESS	P.O. BOX 1000	5.3 STREET ADDRESS	
CITY - ST - ZIP	LIVE OAK FL	5.4 CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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** 1-697 813-628-4551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0047803

CR2E037 (9/96)