

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 06 1998 8:00am
Secretary of State

| | | |
|--|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

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 |

3. Date Incorporated or Qualified

03/08/1962

4. FEI Number

59-1117154

Applied For

Not Applicable

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

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ 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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------|--|
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | WELSH, BOB | |
| STREET ADDRESS | 210 CENTURY BLVD | |
| CITY-ST-ZIP | BARTOW FL | |
| TITLE | VP | <input type="checkbox"/> DELETE |
| NAME | SALMI, KEITH | |
| STREET ADDRESS | 38777 RECKER HWY | |
| CITY-ST-ZIP | WINTER HAVEN FL | |
| TITLE | ST | <input checked="" type="checkbox"/> DELETE |
| NAME | CHERRY, LARRIE | |
| STREET ADDRESS | 104 S MAINE | |
| CITY-ST-ZIP | LEE FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | BIGGERS, JIM | |
| STREET ADDRESS | 702 42ND STREET NW | |
| CITY-ST-ZIP | WINTER HAVEN FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | DRIGGERS, GERALD | |
| STREET ADDRESS | P.O. BOX 1000 N/A | |
| CITY-ST-ZIP | LIVE OAK FL | |
| TITLE | VP | <input type="checkbox"/> DELETE |
| NAME | SMITH, CHARLES R | |
| STREET ADDRESS | 4508 OAK FAIR BLVD., #290 | |
| CITY-ST-ZIP | TAMPA FL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|---------------------------|--|
| 1.1 TITLE | ST | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | Tony Linville | |
| 1.3 STREET ADDRESS | 4622 Gall Blvd. | |
| 1.4 CITY-ST-ZIP | Zephyrhills FL 33539-9005 | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:  SIGNED

1-10-98

CR2E037 (10/97)