

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 703685

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

**FILED**  
**Feb 23, 1999 8:00 am**  
**Secretary of State**

02-23-1999 90060 020 \*\*\*\*61.25

101962-90060-20



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

03/08/1962

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

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

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 ☒ DELETE  
NAME WELSH, BOB  
STREET ADDRESS 210 CENTURY BLVD  
CITY-ST-ZIP BARTOW FL

TITLE VP ☒ DELETE  
NAME SALMI, KEITH  
STREET ADDRESS 38777 RECKER HWY  
CITY-ST-ZIP WINTER HAVEN FL

TITLE ST ☐ DELETE  
NAME LINVILLE, TONY  
STREET ADDRESS 4622 GALL BLVD.  
CITY-ST-ZIP ZEPHYRHILLS FL 33539

TITLE D ☐ DELETE  
NAME BIGGERS, JIM  
STREET ADDRESS 702 42ND STREET NW  
CITY-ST-ZIP WINTER HAVEN FL

TITLE D ☐ DELETE  
NAME DRIGGERS, GERALD  
STREET ADDRESS P.O. BOX 1000 N/A  
CITY-ST-ZIP LIVE OAK FL

TITLE VP ☐ 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 P ☐ Change ☒ Addition  
1.2 NAME Salmi, Keith  
1.3 STREET ADDRESS 38777 Recker HWY  
1.4 CITY-ST-ZIP Winter Haven FL

2.1 TITLE VP ☐ Change ☒ Addition  
2.2 NAME Anders, Steve  
2.3 STREET ADDRESS 33642 W. Picciola Dr.  
2.4 CITY-ST-ZIP Fruitland FL 34731

3.1 TITLE D ☐ Change ☒ Addition  
3.2 NAME Welsh, Bob  
3.3 STREET ADDRESS 210 Century Blvd.  
3.4 CITY-ST-ZIP Bartow FL

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

**REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-99

813-628-4651

CR2E037 (11/98)