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FILED

Jan 22 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 768518 (3)

1. Corporation Name

TAYLOR COUNTY COOKERS, INC.



Principal Place of Business

Mailing Address

C/O JOE P. BURNS, JR.
530 E. ASH ST.
PERRY FL 32347530 E. ASH ST.
PERRY FL 32347-2101
US3. Date Incorporated or Qualified
05/16/19833a. Date of Last Report
02/02/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
NOT APPLICABLEApplied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BURNS, JOE P., JR.
530 E. ASH ST.
PERRY FL 32347

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | CARROLL, JACKIE | |
| STREET ADDRESS | ROUTE 1, WOODS CREEK RD. | |
| CITY-ST-ZIP | PERRY FL | |

| | |
|--------------------|-------------------------------------------------------------------|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |

| | | |
|----------------|------------------------|---------------------------------|
| TITLE | DST | <input type="checkbox"/> DELETE |
| NAME | HICKS, T. LOUIE | |
| STREET ADDRESS | 1600 JOHNSON STRIPLING | |
| CITY-ST-ZIP | PERRY FL | |

| | |
|--------------------|-------------------------------------------------------------------|
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |

| | | |
|----------------|-------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | ZEIGLER, COLEMAN | |
| STREET ADDRESS | 104 FOREST CIRCLE | |
| CITY-ST-ZIP | PERRY FL | |

| | |
|--------------------|-------------------------------------------------------------------|
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |

| | | |
|----------------|------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | BURNS, JOE P., JR. | |
| STREET ADDRESS | 1400 JOHNSON STRIPLING | |
| CITY-ST-ZIP | PERRY FL | |

| | |
|--------------------|-------------------------------------------------------------------|
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |

| | | |
|----------------|------------------|---------------------------------|
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | TANNER, WALLY | |
| STREET ADDRESS | 104 PINETREE RD. | |
| CITY-ST-ZIP | PERRY FL | |

| | |
|--------------------|-------------------------------------------------------------------|
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |

| | | |
|----------------|---------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | MIXON, HAROLD | |
| STREET ADDRESS | 415 N. WILDER | |
| CITY-ST-ZIP | PERRY FL | |

| | |
|--------------------|-------------------------------------------------------------------|
| 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/97

904-584-8106

Daytime Phone #0008124

CR2E037 (9/96)