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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 768518

1. Corporation Name

TAYLOR COUNTY COOKERS, INC.

Principal Place of Business

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

Mailing Address

530 E. ASH ST.
PERRY FL 32347
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

05/16/1983

4. FEI Number

NOT APPLICABLE

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

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

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 VP
NAME CARROLL, JACKIE
STREET ADDRESS ROUTE 1, WOODS CREEK RD.
CITY-ST-ZIP PERRY FL

☐ DELETE

TITLE DST
NAME HICKS, T. LOUIE
STREET ADDRESS 1600 JOHNSON STRIPLING
CITY-ST-ZIP PERRY FL

☐ DELETE

TITLE D
NAME ZEIGLER, COLEMAN
STREET ADDRESS 104 FOREST CIRCLE
CITY-ST-ZIP PERRY FL

☐ DELETE

TITLE D
NAME BURNS, JOE P., JR.
STREET ADDRESS 1400 JOHNSON STRIPLING
CITY-ST-ZIP PERRY FL

☐ DELETE

TITLE V
NAME TANNER, WALLY
STREET ADDRESS 104 PINETREE RD.
CITY-ST-ZIP PERRY FL

☐ DELETE

TITLE P
NAME MORRISON, MARVIN
STREET ADDRESS 117 FOREST DR
CITY-ST-ZIP PERRY FL 32347

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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

MILTON, HAROLD
415 N. WINTER ST
PERRY, FL. 32347

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:

LOUIE HICKS DST 2/24/99 850-5843152

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)