

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 23 PM 3:29

DOCUMENT # 791033

(4)

1. Corporation Name

FLORIDA CONTRACT POULTRY GROWERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

RT. 2 BOX 2095
STARKE FL 32091

RT. 2 BOX 2095
STARKE FL 32091

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/27/1973

3a. Date of Last Report

02/10/1994

4. FEI Number

NOT APPLICABLE

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

Country

28 Zip

Country

24

25

29

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. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

GASKINS, JAMES
RT. 2 BOX 2095
STARKE FL 32091

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	ROWE, CHARLES
STREET ADDRESS	RT 1, BOX 376
CITY- ST- ZIP	MCCLenny FL
TITLE	VP
NAME	SPRATLIN, JOHN
STREET ADDRESS	RT 1, BOX 270
CITY- ST- ZIP	LAWTEY FL
TITLE	ST
NAME	GASKINS, JAMES
STREET ADDRESS	RT. 2 BOX 2095
CITY- ST- ZIP	STARKE FL 32095
TITLE	D
NAME	THRIFT, DALE
STREET ADDRESS	RT. 2 BOX 632
CITY- ST- ZIP	MCCLenny FL 32083
TITLE	D
NAME	CARROLL, NOAH
STREET ADDRESS	RT. 2 BOX 269
CITY- ST- ZIP	HILLARD FL 32048
TITLE	D
NAME	SNELL, JIMMIE
STREET ADDRESS	11940 ROSETTA ROAD
CITY- ST- ZIP	JACKSONVILLE FL 32221

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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:

James Gaskins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES GASKINS

16 Feb 95 (904) 964-9352