

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified
11/27/1973

3a. Date of Last Report
02/23/1995

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 APPLICABLE

Applied
☒ 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

8. 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

GASKINS, JAMES
RT. 2 BOX 2095
STARKE FL 32091

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 ☐ DELETE

NAME
P
STREET ADDRESS
RT 1, BOX 376
CITY-ST-ZIP
MCCLENNY FL

TITLE ☐ DELETE

NAME
VP
STREET ADDRESS
RT 1, BOX 270
CITY-ST-ZIP
LAWTEY FL

TITLE ☐ DELETE

NAME
ST
STREET ADDRESS
RT. 2 BOX 2095
CITY-ST-ZIP
STARKE FL 32095

TITLE ☐ DELETE

NAME
D
STREET ADDRESS
RT. 2 BOX 632
CITY-ST-ZIP
MACCLENNY FL 32063

TITLE ☐ DELETE

NAME
D
STREET ADDRESS
RT. 2 BOX 269
CITY-ST-ZIP
HILLARD FL 32046

TITLE ☐ DELETE

NAME
D
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

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JR

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 119.07(3)(k), 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 James Gaskins 30 MAR 96 964-9356
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E037 (12/95)