

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.
C.



Principal Place of Business

Mailing Address

RT. 2 BOX 2095
STARKE FL 32091

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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		4. FEI Number NOT APPLICABLE		Applied <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
21		26		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
22		27		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
City & State		City & State					
23		28					
Zip		Country		Zip		Country	
24		25		29		30	

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
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	P <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROWE, CHARLES	12 NAME	
STREET ADDRESS	RT 1, BOX 376	13 STREET ADDRESS	
CITY-ST-ZIP	MCCLENNY FL	14 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPRATLIN, JOHN	22 NAME	
STREET ADDRESS	RT 1, BOX 270	23 STREET ADDRESS	
CITY-ST-ZIP	LAWTEY FL	24 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GASKINS, JAMES	32 NAME	
STREET ADDRESS	RT. 2 BOX 2095	33 STREET ADDRESS	
CITY-ST-ZIP	STARKE FL 32095	34 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THRIFT, DALE	42 NAME	
STREET ADDRESS	RT. 2 BOX 632	43 STREET ADDRESS	
CITY-ST-ZIP	MACCLENNY FL 32063	44 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARROLL, NOAH	52 NAME	
STREET ADDRESS	RT. 2 BOX 269	53 STREET ADDRESS	
CITY-ST-ZIP	HILLARD FL 32046	54 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNELL, JIMMIE	62 NAME	
STREET ADDRESS	11940 ROSETTA ROAD	63 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32221	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)