


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 13, 1999 8:00 am**  
**Secretary of State**

04-13-1999 90099 015 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # 791033</b>		
1. Corporation Name <b>FLORIDA CONTRACT POULTRY GROWERS ASSOCIATION, INC.</b>		
Principal Place of Business RT. 2 BOX 2095 STARKE FL 32091	Mailing Address RT. 2 BOX 2095 STARKE FL 32091	



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	11/27/1973
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	4. FEI Number
23. City & State	28. City & State	NOT APPLICABLE
24. Zip	29. Zip	Applied For
25. Country	30. Country	Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 \_\_\_\_\_ (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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROWE, CHARLES	1.2 NAME	
STREET ADDRESS	RT 1, BOX 376	1.3 STREET ADDRESS	
CITY-ST-ZIP	MCCLENNY FL	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPRATLIN, JOHN	2.2 NAME	
STREET ADDRESS	RT 1, BOX 270	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAWTEY FL	2.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GASKINS, JAMES	3.2 NAME	
STREET ADDRESS	RT. 2 BOX 2095	3.3 STREET ADDRESS	
CITY-ST-ZIP	STARKE FL 32095	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THRIFT, DALE	4.2 NAME	
STREET ADDRESS	RT. 2 BOX 632	4.3 STREET ADDRESS	
CITY-ST-ZIP	MACCLENNY FL 32063	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARROLL, NOAH	5.2 NAME	
STREET ADDRESS	RT. 2 BOX 269	5.3 STREET ADDRESS	
CITY-ST-ZIP	HILLARD FL 32046	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNELL, JIMMIE	6.2 NAME	
STREET ADDRESS	11940 ROSETTA ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32221	6.4 CITY-ST-ZIP	

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: *[Signature]* SIGNATURE REQUIRED  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E037 (11/98)