FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **833282** **(7)**

1. Corporation Name

CAGLE'S, INC.

Principal Place of Business	Mailing Address
2000 HILLS AVENUE. N.W. P.O. BOX 4664 ATLANTA GA 30318-2817	2000 HILLS AVENUE. N.W. P.O. BOX 4664 ATLANTA GA 30318-2817

2. Principal Place of Business 21	2a. Mailing Address 26
Street Apt. #, etc. 22	Street Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: **10/31/1974**

3a. Date of Last Report: **10/27/1995**

4. FEI Number: **58-0625713** ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 of New Registered Agent, if changing) (Signature of Former Registered Agent, if changing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TYPE	CD ☐ DELETE	11 TYPE	☐ Change ☐ Addition
NAME	CAGLE,J. DOUGLAS	12 NAME	
STREET ADDRESS	170 HOUZE WAY	13 STREET ADDRESS	
CITY-ST-ZIP	ROSWELL GA	14 CITY-ST-ZIP	
TYPE	TD ☐ DELETE	21 TYPE	☐ Change ☐ Addition
NAME	BARKLEY, KENNETH R.	22 NAME	
STREET ADDRESS	2931 GLENHAVEN DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE GA	24 CITY-ST-ZIP	
TYPE	VD ☐ DELETE	31 TYPE	☐ Change ☐ Addition
NAME	CAGLE,G. DOUGLAS	32 NAME	
STREET ADDRESS	2000 HILLS AVE NW	33 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	34 CITY-ST-ZIP	
TYPE	PD ☐ DELETE	41 TYPE	☐ Change ☐ Addition
NAME	GATTIS, JERRY D.	42 NAME	
STREET ADDRESS	11985 WILDWOOD SPRINGS DRIVD	43 STREET ADDRESS	
CITY-ST-ZIP	ROSWELL GA	44 CITY-ST-ZIP	
TYPE	S ☐ DELETE	51 TYPE	☐ Change ☐ Addition
NAME	PITTS, GEORGE L.	52 NAME	
STREET ADDRESS	228 HILLCREST DR.	53 STREET ADDRESS	
CITY-ST-ZIP	AUSTELL GA	54 CITY-ST-ZIP	
TYPE	☐ DELETE	61 TYPE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (12/95)

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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added by an attachment with an address.

SIGNATURE: G.L. Pitts 1/12/96 404-355-2820

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #