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PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Jan 23 1997 8:00am  
Secretary of State

DOCUMENT # 833282

(7)

1. Corporation Name  
CAGLE'S, INC.

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

Mailing Address  
2000 HILLS AVENUE, N.W.  
P.O. BOX 4664  
ATLANTA GA 30318-2817

3. Date Incorporated or Qualified 10/31/1974  
3a. Date of Last Report 01/24/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 2000 HILLS AVE, N.W.

22 City & State

27 ATTN: GEORGE PITTS

23 Zip

28 ATLANTA, GA.

24 Country

29 30318-2817

30 Country

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

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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 true of applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD  
NAME CAGLE, J. DOUGLAS  
STREET ADDRESS 170 HOUZE WAY  
CITY-ST-ZIP ROSWELL GA

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE TD  
NAME BARKLEY, KENNETH R.  
STREET ADDRESS 2931 GLENHAVEN DRIVE  
CITY-ST-ZIP GAINESVILLE GA

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS 2000 HILLS AVE  
2.4 CITY-ST-ZIP ATLANTA, GA 30318

TITLE VD  
NAME CAGLE, G. DOUGLAS  
STREET ADDRESS 2000 HILLS AVE NW  
CITY-ST-ZIP ATLANTA GA

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE PD  
NAME GATTIS, JERRY D.  
STREET ADDRESS 11985 WILDWOOD SPRINGS DRIVD  
CITY-ST-ZIP ROSWELL GA

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE S  
NAME PITTS, GEORGE L.  
STREET ADDRESS 228 HILLCREST DR.  
CITY-ST-ZIP AUSTELL GA

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-96

Date

404-355-2820

Daytime Phone #

CR2E034 (9/96)