## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# F00000002210

City-St-Zip:

EFFINGHAM, SC 29541

Entity Name: MCCALL FARMS OF SOUTH CAROLINA, INC.

FILED Apr 30, 2002 8:00 AM Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
	ITH IRBY STRI AM, SC 29541	EET		
Current Mailing Address:			New Mailing Address:	
	ITH IRBY STRI AM, SC 29541	EET		
FEI Number	: 57-0363473	FEI Number Applied For ( )	FEI Number Not Applicable()	Certificate of Status Desired ( )
Name and	d Address of C	Current Registered Agent:	Name and Address o	f New Registered Agent:
1200 SOU	PORATION SY ITH PINE ISLA ION, FL 33324	ND ROAD		
	e named entity e of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both,
SIGNATUI	RE:			
	Electror	nic Signature of Registered Ag	ent	Date
•	_	satisfy its Intangible Tax filing red	quirement and elects to do so (X).	
Election Campaign Financing Trust Fund Contribution ( ).  OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PCD ( SWINK, HENR' 6615 SOUTH IF EFFINGHAM, S	RBY STREET	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	SD ( SWINK, MARIO 6615 SOUTH IF EFFINGHAM, S	RBY STREET	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	TD ( SWINK, JAMES 903 GREENWA FLORENCE, SI	AY DRIVE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address:	D ( SWINK, HARRI 6615 SOUTH IF		Title: Name: Address:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: HENRY SWINK PCD 04/30/2002