

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jun 02, 1999 8:00 am  
Secretary of State

06-02-1999 90006 002 \*\*\*900.00

DOCUMENT # F08384

1. Corporation Name

POULTRY HEALTH SERVICE OF FLORIDA, INC.

*Linco Holdings of Florida, Inc. Amended 12/17/98*

Principal Place of Business

Mailing Address

569 STUART LANE

569 STUART LANE

JACKSONVILLE FL 32254

JACKSONVILLE FL 32284

US

US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/05/1980

4. FEI Number

59-2036526

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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 P.O. Box 56499

26 P.O. Box 56499

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 JACKSONVILLE, FL

28 JACKSONVILLE, FL

Zip

Country

Zip

Country

24 32241

25

29 32241

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LINDSEY, JOHN H.

569 STUART LANE

JACKSONVILLE FL 32254

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

13640 Mandarin Road

83

84 City

Jacksonville

FL

85 Zip Code

32223

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 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 D ☐ DELETE  
NAME LINDSEY, KATHERINE C  
STREET ADDRESS 569 STUART LANE  
CITY-ST-ZIP JACKSONVILLE, FL 00000

1.1 TITLE Assistant Secretary ☒ Change ☐ Addition  
1.2 NAME P.O. Box 56499  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP 32241

TITLE DP ☐ DELETE  
NAME LINDSEY, JOHN H.  
STREET ADDRESS 569 STUART LANE  
CITY-ST-ZIP JACKSONVILLE, FL 00000

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME P.O. Box 56499  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP 32241

TITLE SD ☐ DELETE  
NAME COOPER, GENE W  
STREET ADDRESS 569 STUART LANE  
CITY-ST-ZIP JACKSONVILLE, FL 00000

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME P.O. Box 56499  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP 32241

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address, with all other like empowered.

SIGNATURE: *John H. Lindsey*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-29-99*

Date

*904 786 5195*

Daytime Phone #

CR2E034 (11/98)