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PROFIT CORPORATION ANNUAL REPORT



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

	1996						
 Corporation 	MENT # F9400 ONS POULTRY FARMS, INC						
rincipal Place	of Business	Mailing Address					
PO BOX 430		PO BOX 430					
SILOAM SP	RINGS AR 72761	SILOAM SPRIN	IGS AR 72761				
				3. Date Incorporated or Qualife 02/17/1994		of Last Ri 6/14/19	
Principal Pl	ace of Business	2a. Mailing Addres	SS	4. FEI Number	l		Applied For
l		26		71-0678256			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, 6	etc.	5. Certificate of Status Desired		•	Additional Required
City & State	 e	City & State	<u> </u>	6. Election Campaign Financing	9	\$5.0	0 Мау Ве
Zip	Country	28]	Country	Trust Fund Contribution 8. This corporation has liability			100 032
]	25	29	30		Yes No	x dilaci a	100.002.
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of Ne	w Registered A	Agent	
JONES	· III.		81 Name				
	STEVENSON CT.		82 Street Ad	ldress (P.O. Box Number is Not Acces	otable)		
	CITY FL 33567		63				
	011772 0000.		B4 City			85 70	. Code
		and 607 1508 Florids	84 City	country columbs the etationary for the	FL	'	Code
1. Pursuant to or register	to the provisions of Sections 607,0502 led agent, or both, in the State of Fioric	and 607.1508, Florida a. Such change was allowed the	Statutes, the above named corputation's bo	oration submits this statement for the pard of directors. Thereby accept the a		'	
I. Pursuant i or register familiar wi		and 607.1508, Florida na. Such change was as ion 607.0505, Florida Si	Statutes, the above named corputation's bo	oration submits this statement for the pard of directors. Thereby accept the a		'	
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oath; that I am an officer or director of the corporation or the receiver or tustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Brock 12 or Brock 13 if changed, or on an attachment with an address

SIGNATURE:

4-1-96 SD1-524-8151