

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F94000000802 (8)**

1. Corporation Name

SIMMONS POULTRY FARMS, INC.



Principal Place of Business

**PO BOX 430
SILOAM SPRINGS AR 72761**

Mailing Address

**PO BOX 430
SILOAM SPRINGS AR 72761**

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**JONES, JIM
3201 STEVENSON CT.
PLANT CITY FL 33567**

3. Date Incorporated or Qualified

02/17/1994

3a. Date of Last Report

06/14/1995

4. FEI Number

71-0678256

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

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, typed or printed name of registered agent and chief officer or director

(NOTE: Registered Agent Signature is optional when not filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

C

☐ DELETE

NAME

SIMMONS, MARK C

STREET ADDRESS

410 W. CENTRAL ST.

CITY- ST- ZIP

SILOAM SPRINGS AR 72761

TITLE

D

☐ DELETE

NAME

SIMMONS, TODD

STREET ADDRESS

410 W. CENTRAL ST.

CITY- ST- ZIP

SILOAM SPRINGS AR 72761

TITLE

D

☐ DELETE

NAME

SIMMONS, DIANE

STREET ADDRESS

410 W. CENTRAL ST.

CITY- ST- ZIP

SILOAM SPRINGS AR 72761

TITLE

P

☐ DELETE

NAME

BUTLER, LYNCH

STREET ADDRESS

4095 E US 412

CITY- ST- ZIP

SILOAM SPRINGS AR 72761

TITLE

S

☐ DELETE

NAME

ONSTOTT, PETE

STREET ADDRESS

#9 CANTERBURY LANE

CITY- ST- ZIP

SILOAM SPRINGS AR 72761

TITLE

T

☐ DELETE

NAME

KEALY, WILLIAM J

STREET ADDRESS

RT. 1

CITY- ST- ZIP

SULPHUR SPRINGS AR 72768

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

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 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-96

501-524-8151

CR2E034 (12/95)