

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

CORPORATION,
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
JAMES G. WATKINS
GOVERNOR
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

95 MAY -1 AM 8:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000004673 (9)

LISCO FEEDING, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/09/1994	3a. Date of Last Report NA
4. FFI Number 59-3264206	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
6. This corporation has applied for exemption from under S. 152 (a)(2) Florida Statutes ☒ Yes ☐ No	

P.O. BOX 30101 TAMPA FL 33630		P.O. BOX 30101 TAMPA FL 33630	
2. Principal Place of Business	2a. Mailing Address	21. State Apt. # etc.	27. State Apt. # etc.
23. City & State	28. City & State	24. State	25. State
26. State	29. State	30. State	31. State

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324	10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 85. Zip Code
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits the 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 607.0504, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Agent must be a resident of Florida)

Signature of Registered Agent (Agent must be a resident of Florida)

Signature of Registered Agent (Agent must be a resident of Florida)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12a. NAME	12b. STREET ADDRESS	13a. NAME	13b. STREET ADDRESS
12c. CITY & STATE	12d. CITY & STATE	13c. NAME	13d. STREET ADDRESS
12e. NAME	12f. STREET ADDRESS	13e. NAME	13f. STREET ADDRESS
12g. CITY & STATE	12h. CITY & STATE	13g. NAME	13h. STREET ADDRESS
12i. NAME	12j. STREET ADDRESS	13i. NAME	13j. STREET ADDRESS
12k. CITY & STATE	12l. CITY & STATE	13k. NAME	13l. STREET ADDRESS
12m. NAME	12n. STREET ADDRESS	13m. NAME	13n. STREET ADDRESS
12o. CITY & STATE	12p. CITY & STATE	13o. NAME	13p. STREET ADDRESS
12q. NAME	12r. STREET ADDRESS	13q. NAME	13r. STREET ADDRESS
12s. CITY & STATE	12t. CITY & STATE	13s. NAME	13t. STREET ADDRESS

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 134.01(1) and 134.01(2), Florida Statutes. I further certify that the information included 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 a resident of this State at the time of filing this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12, or Block 13, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S. J. Dryer
S. J. Dryer

4/25/95
4/25/95

(813) 887-5200
(813) 887-5200