FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 27 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000004710 (9)**

1. Corporation Name
ATLANTIC BREEDERS COOPERATIVE, INC.

Principal Place of Business	Mailing Address
1575 APOLLO DR LANCASTER PA 17601	1575 APOLLO DR LANCASTER PA 17601

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **09/12/1994**
3a. Date of Last Report:

2. Principal Place of Business (21):
2a. Mailing Address (26):

Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):

City & State (23):
City & State (28):

Zip (24): Country (25):
Zip (29): Country (30):

4. FEI Number: **23-1316302** ☐ 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

9. Name and Address of Current Registered Agent

ANDERSON, LES
505 SHALISA BLVD
AUBURNDALE FL 33823

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable):
83 2326 SOUTHWEST 24TH AVENUE
84 City: OKEECHOBEE **FL** 85 Zip Code: 34974

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 _____ DATE
Signature, typed or printed name of registered agent (and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE		☐ Change ☐ Addition
NAME	KREIDER, JAMES G	1.2 NAME		
STREET ADDRESS	165 CENTER RD	1.3 STREET ADDRESS		
CITY-ST-ZIP	QUARRYVILLE PA 17566	1.4 CITY-ST-ZIP		
TITLE	V	2.1 TITLE		☐ Change ☐ Addition
NAME	HILEMAN, DAVID C	2.2 NAME		
STREET ADDRESS	RR 1, BOX 422	2.3 STREET ADDRESS		
CITY-ST-ZIP	TYRONE PA 16686	2.4 CITY-ST-ZIP		
TITLE	S	3.1 TITLE		☐ Change ☐ Addition
NAME	HAWBAKER, DWIGHT M	3.2 NAME		
STREET ADDRESS	13914 LOCUST LEVEL RD	3.3 STREET ADDRESS		
CITY-ST-ZIP	GREEN CASTLE PA 17225	3.4 CITY-ST-ZIP		
TITLE	T	4.1 TITLE		☐ Change ☐ Addition
NAME	KUMMER, LEE D	4.2 NAME		
STREET ADDRESS	318 WATTERS STATION RD	4.3 STREET ADDRESS		
CITY-ST-ZIP	EVANS CITY PA 16033	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	HALEMAN, HAROLD H	5.2 NAME	HOWARD, GLENN A.	
STREET ADDRESS	4647 OLD EASTON RD	5.3 STREET ADDRESS	2158 JEFFERSON STREET	
CITY-ST-ZIP	DOYLESTOWN PA 18901	5.4 CITY-ST-ZIP	OLEY, PA 19547	
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	HUDSON, DANIEL H	6.2 NAME		
STREET ADDRESS	RR 4, BOX 10	6.3 STREET ADDRESS		
CITY-ST-ZIP	VIOLA DE 19979	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: David E. Mellinger ASSISTANT SECRETARY-TREASURER DAVID E. MELLINGER 4/18/95 717-569-0413
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0488234 FN