

3-25-97 B-3521 C
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Mar 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F95000003131 (8)			
1. Corporation Name PERDUE FARMS INCORPORATED			
Principal Place of Business P.O. BOX 1537 SALISBURY MD 21802		Mailing Address P.O. BOX 1537 SALISBURY MD 21802-1537	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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.		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
SIGNATURE			
(NOTE: Registered Agent signature required when reinstating)			
DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERDUE, FRANKLIN P	1.2 NAME	
STREET ADDRESS	OLD OCEAN CITY ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	SALISBURY MD	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURLEY, ROBERT A	2.2 NAME	
STREET ADDRESS	OLD OCEAN CITY ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	SALISBURY MD	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEADS, DONALD E	3.2 NAME	
STREET ADDRESS	100 FRONT STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST CONOSHOKEN PA	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINCLAIR, CHRISTOPHER A	4.2 NAME	
STREET ADDRESS	PEPSI COLA INTL RTS. 35 & 100	4.3 STREET ADDRESS	
CITY-ST-ZIP	SOMERS NY	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAY, RANDALL M	5.2 NAME	
STREET ADDRESS	OLD OCEAN CITY ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	SALISBURY MD	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOYERS, THOMAS R	6.2 NAME	
STREET ADDRESS	OLD OCEAN CITY ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	SALISBURY MD	6.4 CITY-ST-ZIP	
14. I do 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 on an attachment with an address.			
SIGNATURE: <i>Robert A. Turley</i>		3/18/97 (410) 543-3201	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (9/96)