FILED

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Jan 24, 2002 8:00 am **DOCUMENT #** F95000005670 **Secretary of State** 1. Entity Name 01-24-2002 90164 033 ***150.00 QUINCY FOODS, INC. Principal Place of Business Mailing Address P.O. BOX 1488 P.O. BOX 1488 DOTHAN AL 36304 DOTHAN AL 36304 HS US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 63-1104926 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MOORE, ROY Street Address (P.O. Box Number is Not Acceptable) 1509 WEST JEFFERSON STREET QUINCY FL 32351 Zip Code City atity submits this statemen⊁for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PCS** CR2E034 (9/01) TITLE ☐ Delete TITI F Change Addition RONEY, JAMES NAME NAME **403 PINECREST DRIVE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DOTHAN AL 36301 CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE **BOYD, CHARLES** NAME NAME STREET ADDRESS STREET ADDRESS 438 PEACH FARM ROAD CITY-ST-ZIP-ASHFORD AL 36312 CITY-ST-ZIP ☐ Addition TITLE Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I 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 report or supplemental 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 for 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 11 or Block 12 if