

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 02, 1999 8:00 am
Secretary of State

06-02-1999 90006 002 ***900.00

DOCUMENT # G26940

1. Corporation Name

POULTRY HEALTH SERVICE SOUTH, INC.

Genico Holdings South, Inc. Amended 12/17/98

Principal Place of Business
569 STUART LANE
JACKSONVILLE FL 32254
US

Mailing Address
569 STUART LANE
JACKSONVILLE FL 32254
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/01/1983

4. FEI Number

59-2283193

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 *P.O. Box 56499*
Suite, Apt. #, etc.

22

23 *JACKSONVILLE, FL*
City & State

24 *32241* *US*
Zip Country

2a. Mailing Address

26 *P.O. Box 56499*
Suite, Apt. #, etc.

27

28 *JACKSONVILLE, FL*
City & State

29 *32241* *US*
Zip Country

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

13640 Mandarin Road

83

84 City *Jacksonville* *FL* 85 Zip Code *32223*

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME LINDSEY, JOHN H.
STREET ADDRESS 569 STUART LANE
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ DELETE

NAME COOPER, GENE W.
STREET ADDRESS 569 STUART LANE
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ DELETE

NAME LINDSEY, KATHERINE C.
STREET ADDRESS 569 STUART LANE
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME *P.O. Box 56499*
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP *32241*

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME *P.O. Box 56499*
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP *32241*

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME *Asst. Secretary*
3.3 STREET ADDRESS *P.O. Box 56499*
3.4 CITY-ST-ZIP *32241*

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 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, with all other like empowered.

SIGNATURE: *X John H. Lindsey*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

** 4-29-99*

Date

** 904 7865123*

Daytime Phone #

CR2E034 (11/98)

0042482