

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
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90001 021 ***150.00

DOCUMENT # J13745

1. Corporation Name

RYMER CHICKEN INC. - PLANT CITY

Principal Place of Business

% EDWARD M. WEBERT
1503 TURKEY CREEK RD
PLANT CITY FL 33566

Mailing Address

% EDWARD M. WEBERT
4600 S. PACKERS AVE
CHICAGO IL 60609

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/12/1986

4. FEI Number

59-2689052

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

2a. Mailing Address

21 Edward M Hebert

26 EDWARD M HEBERT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 4600 S. PACKERS AVE

27 4600 S. PACKERS AVE

City & State

City & State

23 Chicago IL

28 Chicago IL

Zip Country

Zip Country

24 60609

29 60609

9. Name and Address of Current Registered Agent

CT 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

FL

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.

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 PCD ☐ DELETE

NAME SCHEIN, EDWARD P
STREET ADDRESS 4600 S. PACKERS AVE
CITY-ST-ZIP CHICAGO IL 60609

TITLE VTD ☐ DELETE

NAME HEBERT, EDWARD M
STREET ADDRESS 4600 S. PACKERS AVE
CITY-ST-ZIP CHICAGO IL 60609

TITLE S ☒ DELETE

NAME MCNICHOLAS, BARBARA
STREET ADDRESS 4600 S. PACKERS AVE
CITY-ST-ZIP CHICAGO IL 60609

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

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

VTDS
HEBERT, EDWARD M
4600 S. PACKERS AVE
Chicago IL 60609

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/3/99

773-650-0507

CR2E034 (1/98)