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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 18 PM 2:45

DOCUMENT # **L94488** **(8)**

1. Corporation Name
SOUTHERN POULTRY, INC.

Principal Place of Business	Mailing Address
443 N 7TH ST DADE CITY FL 33525	443 N 7TH ST DADE CITY FL 33525

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/09/1990
3a. Date of Last Report: 01/20/1994

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.: 14435 7TH STREET	27 Suite, Apt. #, etc.: 14435 7TH STREET
23 City & State: DADE CITY FL	28 City & State: DADE CITY, FL
24 Zip: 33525 — 25 Country: USA	29 Zip: 33525 — 30 Country: USA

4. FEI Number: 59-3102277 ☐ 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	10. Name and Address of New Registered Agent
HANLON, THOMAS J. 210 PIERCE ST TAMPA FL 33602	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 _____ (New Registered Agent signature required when executing) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D MUSSER, WILLIAM 1675 NORTH 41-A DADE CITY FL	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	XX Change ☐ Addition 14435 7TH STREET DADE CITY FL 33525
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D MUSSER, MARY V. 1675 NORTH 41-A DADE CITY FL	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	XX Change ☐ Addition 14435 7TH STREET DADE CITY, FL 33525
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP	☐ Change ☐ Addition

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)(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: _____ Jan. 10, 1994 904 523-1590
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
WILLIAM MUSSER DIRECTOR

0440851 FP