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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

SIGNATURE:

SIGNATURE AND TYPEO OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

DOCUMENT # N02052

1. Corporation Name

(1)

AVICULTURAL BREEDING & RESEARCH CENTER, INC.

Principal Place of Business Mailing Address		Mailing Address		(40033101 011 00110 11011 00101 03410)	IIBI WIBII BIWIY BIWIY WIBII WIBII WIBII HIB
1471 FOLSOM RD. 1471 FOLSOM RD. LOXAHATCHEE FL 33470-6710 LOXAHATCHEE FL 33470-6710			47 0-6710		
				3. Date Incorporated or Qualified 03/20/1984	3a. Date of Last Report 03/16/1995
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
Suito Ant	# ata	26		59-2749573	Not Applica
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional Fee Required	
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be
3	Counts	28	Counts	Trust Fund Contribution	Added to Fees
Zip 4]	Country 25	Zıp	Gountry 30	8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, ☐ Yes ☐ No
21	9. Name and Address of Cu		30	10. Name and Address of New Re	
			81 Name	10. 110. 110. 110. 110.	agiotorous Agorit
SCHURO	OT, SCOTT				
1471 FOLSOM RD.			82 Street Add	2 Street Address (P.O. Box Number is Not Acceptable)	
	TCHEE FL 33470		83		
			84 City		6# Zin Code
		~ ?	2 Oily		FL 85 Zip Code
	to the provisions of Sections 617? red agent, or soth, in the State of	Florida/ Such change was author	ed by the corporation's boa	pration submits this statement for the purp and of directors. I hereby accept the appo	intment as registered agent. Fan
	ith, and accept the obligations of	Section 617.0503, Florida Statut			1/23/96
or registe familiar w SIGNATURE	Signature, typied or binitisy name of residered	Lagent and tide it apply sithe (N	VOTE Registered Agent signature require		1100101
SIGNATURE	Signature, typed of funded name of agricultured OFFICERS	Lagest and title it applicable (N	VOTE Projectered Agent signature require		DATE /23/96 CERS AND DIRECTORS IN 12
SIGNATURE 12. MLE	Services, typed funds frame of officers OFFICERS	Lagent and tide it apply sithe (N	NOTE Projective Mygent agnature require	ed when reinstatingi	DATE /23/96
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