


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90077 027 ****61.25

DOCUMENT # N21968 1. Entity Name FLORIDA PORK IMPROVEMENT GROUP, INC.					
Principal Place of Business 5700 SW 34 STREET GAINESVILLE, FL 32608				Mailing Address 5700 SW 34 STREET GAINESVILLE, FL 32608	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country				3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
4. FEI Number 59-2721981				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BUTLER, SCOTTIE J. 5700 SW 34 STREET GAINESVILLE, FL 32608			7. Name and Address of New Registered Agent Name WM. PATRICK COCKRELL Street Address (P.O. Box Number is Not Acceptable) 5700 SW 34TH STREET City GAINESVILLE FL Zip Code 32608		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE WM. PATRICK COCKRELL <i>WM. Patrick Cockrell</i> APRIL 28, 2008 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LYONS, RICKY RT. 1 BOX 461 MAYO, FL 32066	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CRAWFORD, TOM RT 2, BOX 410 LAKE BUTLER, FL 32054	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRASWELL, PAUL ROUTE 3 BOX 35 GREENVILLE, FL 32331	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOOD, JIM 1753 U.S. 27 SOUTH SEBRING, FL 33870	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SELPH, CLEVIE ROUTE 1 BOX 158 JENNINGS, FL 32053	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LYONS, CHAD RT. 1 BOX 461 MAYO, FL 32066	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>John L. Hoblick</i> JOHN L. HOBICK, PRESIDENT			APRIL 28, 2008 352/374-1504 <small>Date Daytime Phone #</small>		

FL Pork Improvement Group
Corporation #N21968
(Addendum to 2008 Corporation Annual Filing)

SUPPLEMENT

(Florida Pork Improvement Group, Inc.)

12. NAMES AND STREET ADDRESSES OF EACH 2008 DIRECTOR AND OFFICER

TITLE	NAMES OF OFFICERS & DIRECTORS	STREET ADDRESS	CITY/STATE
Sec/Treas	Ed Sapp	2858 SW Old Saint Augustine Road	Madison, FL 32340
Director	Clevie Selph	4818 NW County Road 143	Jennings FL 32653
Director	Robert Miller	Post Office Box 201	Alturas FL 33620
Director	Jeff Harris	406 NE Daylily Avenue	Madison FL 32340

ATTACHMENT

40088324