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

APPROVED AND FILED

95 MAY -1 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P03220** **(1)**

1. Corporation Name

SEABOARD FARMS OF ATHENS, INC.

Principal Place of Business	Mailing Address
698 BARBER ST. P.O. BOX 1668 ATHENS GA 30613 US	698 BARBER ST. P.O. BOX 1668 ATHENS GA 30613 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/30/1984
3a. Date of Last Report: 07/29/1994

2. Principal Place of Business
21:
Suite, Apt. #, etc.
22:
City & State
23:
Zip / 24: Country / 25:

2a. Mailing Address
26: 1255 Roberts Blvd
Suite, Apt. #, etc.
27: Suite 100
City & State
28: Kennesaw GA.
Zip 29: 30144 Country 30: US

4. FEI Number: 58-1551401 ☐ 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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	MCDONALD, HARRY	12 NAME	
STREET ADDRESS	160 BEN BURTON RD	13 STREET ADDRESS	
CITY-ST-ZIP	BOGART GA	14 CITY-ST-ZIP	
TITLE	S	21 TITLE	☐ Change ☐ Addition
NAME	TUTUN, M. L	22 NAME	
STREET ADDRESS	ONE POST OFFICE SQUARE	23 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA	24 CITY-ST-ZIP	
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	RODRIGUES,JOE	32 NAME	
STREET ADDRESS	9000 W. 67TH STREET	33 STREET ADDRESS	
CITY-ST-ZIP	SHAWNEE MISSION KS	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	BRESKY, H.H.	42 NAME	
STREET ADDRESS	200 BOYLSTON ST.	43 STREET ADDRESS	
CITY-ST-ZIP	CHESTNUT HILL MA	44 CITY-ST-ZIP	
TITLE	VP	51 TITLE	☐ Change ☐ Addition
NAME	HOFFMAN, RICK J	52 NAME	
STREET ADDRESS	9000 W. 67TH ST.	53 STREET ADDRESS	
CITY-ST-ZIP	SHAWNEE MISSION KS	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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 the 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: [signature] 04-21-95 (904) 419-2403
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

0499719 FN