SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $275 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL -7 AM 8:58
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # **P14512** **(8)**

1. Corporation Name
FEATHER CREST HATCHERY, INC.

Principal Place of Business
14374 E. SH 21
BRYAN TX 77808
US

Mailing Address
14374 E. SH 21
BRYAN TX 77808
US

3. Date Incorporated or Qualified: 05/19/1987
3a. Date of Last Report: 02/18/1994

2. Principal Place of Business 21
2a. Mailing Address 26
Suite, Apt. #, etc. 22
Suite, Apt. #, etc. 27
City & State 23
City & State 28
Zip 24
Country 25
Zip 29
Country 30

4. FEI Number: 74-2121865 — 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	C	☒ Change ☐ Addition
NAME	BARRETT, DELVIN R.	1.2 NAME		
STREET ADDRESS	2704 PINEHURST	1.3 STREET ADDRESS		
CITY-ST-ZIP	BRYAN TX	1.4 CITY-ST-ZIP		
TITLE	STD	2.1 TITLE		☐ Change ☐ Addition
NAME	BARRETT, MARYE	2.2 NAME		
STREET ADDRESS	2704 PINEHURST	2.3 STREET ADDRESS		
CITY-ST-ZIP	BRYAN TX	2.4 CITY-ST-ZIP		
TITLE	VP	3.1 TITLE		☐ Change ☐ Addition
NAME	COLLINS, TOM	3.2 NAME		
STREET ADDRESS	4609 LOCKSFORD	3.3 STREET ADDRESS		
CITY-ST-ZIP	BRYAN TX	3.4 CITY-ST-ZIP		
TITLE	VSD	4.1 TITLE		☐ Change ☐ Addition
NAME	BARRETT, W. GLENN	4.2 NAME		
STREET ADDRESS	1604 E. 31ST.	4.3 STREET ADDRESS		
CITY-ST-ZIP	BRYAN TX	4.4 CITY-ST-ZIP		
TITLE	VSD	5.1 TITLE	P/D	☒ Change ☐ Addition
NAME	BARRETT, BRIAN	5.2 NAME		
STREET ADDRESS	2911 COLTON PLACE	5.3 STREET ADDRESS		
CITY-ST-ZIP	COLLEGE STATION TX	5.4 CITY-ST-ZIP		
TITLE	VS	6.1 TITLE		☐ Change ☐ Addition
NAME	ELBEL, DAVID W	6.2 NAME		
STREET ADDRESS	1106 NEAL PICKETT	6.3 STREET ADDRESS		
CITY-ST-ZIP	COLLEGE STATION TX	6.4 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)(k), 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: David W. Elbel, DAVID W. ELBEL 6-21-95 (409) 589-2576
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/95)

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