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 AM 8:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P17088** **(6)**

1. Corporation Name
MEADOWBROOK MEAT COMPANY, INC.

Principal Place of Business	Mailing Address
2641 MEADOWBROOK ROAD P.O. BOX 2856 ROCKY MOUNT NC 27801	2641 MEADOWBROOK ROAD P.O. BOX 2856 ROCKY MOUNT NC 27801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/07/1987**
3a. Date of Last Report: **03/29/1994**

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

4. FEI Number: **56-1177692** ☐ 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	PD	91 TITLE	☐ Change ☐ Addition
12 NAME	WORDSWORTH, JERRY L.	92 NAME	
13 STREET ADDRESS	120 CANDLEWOOD ROAD	93 STREET ADDRESS	
14 CITY ST ZIP	ROCKY MOUNT NC	94 CITY ST ZIP	
21 TITLE	VD	101 TITLE	☐ Change ☐ Addition
22 NAME	WORDSWORTH, STEVE A	102 NAME	
23 STREET ADDRESS	100 CREEKSIDE DRIVE	103 STREET ADDRESS	
24 CITY ST ZIP	ROCKY MOUNT NC	104 CITY ST ZIP	
31 TITLE	SD	111 TITLE	☐ Change ☐ Addition
32 NAME	DAUGHTRIDGE, DEBBIE W.	112 NAME	
33 STREET ADDRESS	3545 MANSFIELD DR.	113 STREET ADDRESS	
34 CITY ST ZIP	ROCKY MOUNT NC	114 CITY ST ZIP	
41 TITLE	D	121 TITLE	☐ Change ☐ Addition
42 NAME	WORDSWORTH, J R	122 NAME	
43 STREET ADDRESS	RT 2	123 STREET ADDRESS	
44 CITY ST ZIP	ROCKY MOUNT NC	124 CITY ST ZIP	
51 TITLE		131 TITLE	☐ Change ☐ Addition
52 NAME		132 NAME	
53 STREET ADDRESS		133 STREET ADDRESS	
54 CITY ST ZIP		134 CITY ST ZIP	
61 TITLE		141 TITLE	☐ Change ☐ Addition
62 NAME		142 NAME	
63 STREET ADDRESS		143 STREET ADDRESS	
64 CITY ST ZIP		144 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 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: Sec. Debbie Daughtridge 4-28-95 919-985-7212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0486347