FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

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

3. Date Incorporated or Qualified: 12/07/1987
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21 2641 Meadowbrook Rd
Suite, Apt. #, etc.
22
City & State
23 Rocky Mount, NC
Zip 24 27801 | Country 25

2a. Mailing Address
26 P.O. Box 800
Suite, Apt. #, etc.
27
City & State
28 Rocky Mount, NC
Zip 29 27802 | 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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	WORDSWORTH, JERRY L.	
STREET ADDRESS	120 CANDLEWOOD ROAD	
CITY-ST-ZIP	ROCKY MOUNT NC	
TITLE	VD	☐ DELETE
NAME	WORDSWORTH, STEVE A	
STREET ADDRESS	100 CREEKSIDE DRIVE	
CITY-ST-ZIP	ROCKY MOUNT NC	
TITLE	SD	☐ DELETE
NAME	DAUGHTRIDGE, DEBBIE W.	
STREET ADDRESS	3545 MANSFIELD DR.	
CITY-ST-ZIP	ROCKY MOUNT NC	
TITLE	D	☐ DELETE
NAME	WORDSWORTH, J R	
STREET ADDRESS	RT 2	
CITY-ST-ZIP	ROCKY MOUNT NC	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: Debbie Daughtridge, Treas. 4-29-96 (919) 985-7212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

CR2E034 (12/95)