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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P31245

| 1. Corporation | Name I 012-40 | | | | | | | |
|--|--|-----------------------------------|------------|---------------------------------------|---|--|-----------------|---------------------------|
| D & F P(| DULTRY EQUIPMENT, INC. | | | | | | | |
| | | | | | ļ | | | |
| | | | | | | | | |
| Principal Place of Business Mailing Address | | | | | | | | |
| PO BOX 275 CROSSVILLE AL 35962 PO BOX 275 CROSSVILLE AL 35962 | | | | | | | | |
| CROSSVILLE AL 35962 CROSSVILLE AL 35962 | | | | | | DO NOT WRITE IN THIS SPACE | | |
| | | | | | | 3. Date Incorporated or Qualifed | | |
| | | | | | | 10/09/1990 | | |
| 2. Principal Pl | ncipal Place of Business 2a. Mailing Address | | | | | 4. FEI Number | <u> </u> | pplied For |
| 21 | 26 200 BROAD STREET | | | | | 63-0956780 | | ot Applicable |
| Suite, Apt. #, etc. | | | | _ | | 5. Certificate of Status Desired | | Additional equired · |
| 22 | | | SUITE B | | | | | |
| City & State | | City & State | ¬ | | | 6. Election Campaign Financing Trust Fund Contribution | • | May Be to Fees |
| 23 Zip | Country | 28 GADSDEN AL | Country | | | 8. This corporation owes the current year | | <u> </u> |
| | 25 29 35901-3714 30 | | ¬ ´ | ood in a y | | Personal Property Tax. | Yes | X]No |
| 24 | 9. Name and Address of Current | | , T | | | 10. Name and Address of New Register | ed Agent | |
| | | | 81 | Name | | | | |
| | PRENTICE-HALL CORPORATION | SYSTEM INC. | 82 | Street / | Addres | ss (P.O. Box Number is Not Acceptable) | | _ |
| 1201 HAYS STREET | | | 02 | Sueerr | Address (F.O. Box Number is Not Acceptable) | | | |
| SUITE 105 | | | 83 | | | | | |
| TALLAHASSEE FL 32301 | | | 84 | City | | | 85 Zip | Code |
| | | | | 1 | | | -L - | ļ |
| 11. Pursuant | to the provisions of Sections 607.0502 | and 607.1508, Florida Statutes, | the above | e-named | corpor | ration submits this statement for the purpose 's board of directors. I hereby accept the ap | of changing its | s registered egistered |
| office or re agent. I a | egistered agent, or both, in the State of medical managers and accept the obligations. | ions of, Section 607.0505, Florid | a Statutes | | Hallon | a board of directors. Thereby descript the sp | pomanom co v | , g |
| SIGNATURE | | | | | | | | |
| Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered | | | | nt signature re | equired v | when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS | | ORS IN 12 |
| 12. | | 0,1100,100,1110 | | | | ADDITIONS/CHANGES TO OFFICE AC | Change | Addition |
| | PD Fortenberry, Larry | □ bereve | 1.2 NAME | | | | | _ |
| NAME | | | | 1.3 STREET ADDRESS | | | | |
| STREET ADDRESS | | | 1.4 CITY-S | | | | | |
| CITY-ST-ZIP TITLE | ST ST | | | 2.1 TITLE ST | | and the second of the second o | XX Change | ☐ Addition |
| NAME | FORTENBERRY, LARRY L | 22 N | | | | NN FORTENBERRY | | |
| STREET ADDRESS | | | 2.3 STREE | | | 10 SAND VALLEY ROAD | | • |
| CITY-ST-ZIP | | | 2.4 CITY-5 | | | TALLA AL 35954 — | | |
| TITLE | | ☐ DELETE | 3.1 TITLE | | | ranta at 3373 | ☐ Change | Addition |
| NAME | | | 3.2 NAME | | | | | |
| STREET ADDRESS | | | 3.3 STREE | T ADDRESS | | | | Ì |
| CITY-ST-ZIP | | 34.0 | | ST-ZIP | | | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | | | ☐ Change | Addition |
| NAME | | | 4. 2 NAME. | | | | | |
| STREET ADDRESS | | | 4.3 STREE | TADDRESS | | | | |
| CITY-ST-ZIP | | | 4.4 CITY-S | T-ZIP | | | | Addition |
| TITLE | | ☐ DELETE | 5.1 TITLE | | | | ☐ Change | |
| NAME | | | | 5.2 NAME | | | | . |
| STREET ADDRESS | E) ADUKESS | | 1 | 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | | • | ŕ | ļ |
| CITY-ST-ZIP | 1-217 | | 6.1 TITLE | 1- ZIP | | | ☐ Change | Addition |
| TITLE | | LJ NETELE | 6.2 NAME | ļ | | | | |
| NAME | | | | T ADDRESS | | | | ļ |
| STREET ADDRESS | I | | - J.J J | | l | | | 1 |

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

64 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

LARRY FORTENBERRY (PRESIDENT)

(800) 282-7842