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 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000003106 (0)**

1. Corporation Name
BERRY FOODS, INC.

Principal Place of Business	Mailing Address
HWY 80, 5 MILES WEST LABELLE FL 33935	P.O. BOX 459 LABELLE FL 33935

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/12/1993**
3a. Date of Last Report: **05/01/1994**

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

4. FEI Number: **65-0379751** ☐ 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	10. Name and Address of New Registered Agent
MCDANIEL, KATHY H HWY 80, 5 MILES WEST LABELLE FL 33935	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	D	11 TITLE		☐ Change ☐ Addition
NAME	BERRY, JACK M SR	12 NAME		
STREET ADDRESS	EAGLE LAKE LOOP RD.	13 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL 33880	14 CITY ST ZIP		
TITLE	DP	21 TITLE		☐ Change ☐ Addition
NAME	BERRY, JACK M JR	22 NAME		
STREET ADDRESS	EAGLE LAKE LOOP RD.	23 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL 33880	24 CITY ST ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	JONES, H J JR	32 NAME		
STREET ADDRESS	HWY. 80,5 MILES W.	33 STREET ADDRESS		
CITY-ST-ZIP	LABELLE FL 33935	34 CITY ST ZIP		
TITLE	V	41 TITLE		☐ Change ☐ Addition
NAME	HARRELL, HERMAN L JR	42 NAME		
STREET ADDRESS	EAGLE LAKE LOOP RD.	43 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL 33880	44 CITY ST ZIP		
TITLE	T	51 TITLE	T	☒ Change ☐ Addition
NAME	HEADLEY, THOMAS W	52 NAME	Jensen,Charles T.	
STREET ADDRESS	HWY. 80 W.	53 STREET ADDRESS	Highway 80,West	
CITY ST ZIP	LABELLE FL 33935	54 CITY ST ZIP	LaBelle, Fl 33935	
TITLE	S	61 TITLE		☐ Change ☐ Addition
NAME	MCDANIEL, KATHY H	62 NAME		
STREET ADDRESS	HWY. 80 W.	63 STREET ADDRESS		
CITY-ST-ZIP	LABELLE FL 33935	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 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: _____ Kathy H. McDaniel 4/20/95 (813)675-2769
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #