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 # **P93000003106 (0)**

1. Corporation Name
BERRY FOODS, INC.

Principal Place of Business
HWY 80. 5 MILES WEST
LABELLE FL 33935

Mailing Address
P.O. BOX 459
LABELLE FL 33935

3. Date Incorporated or Qualified: **01/12/1993**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21:
22: Suite, Apt. #, etc.:
23: City & State:
24: Zip:
25: Country:

2a. Mailing Address
26: **P.O. Box 459**
27: Suite, Apt. #, etc.: **Attn: Kathy McDaniel**
28: City & State: **LaBelle Fl**
29: Zip: **33935**
30: Country: **US**

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

MCDANIEL, KATHY H
HWY 80, 5 MILES WEST
LABELLE FL 33935

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 607.1502, 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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TYPE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BERRY, JACK M SR		1.2 NAME		
STREET ADDRESS	EAGLE LAKE LOOP RD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL 33880		1.4 CITY-ST-ZIP		
TYPE	DP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BERRY, JACK M JR		2.2 NAME		
STREET ADDRESS	EAGLE LAKE LOOP RD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL 33880		2.4 CITY-ST-ZIP		
TYPE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	JONES, H J JR		3.2 NAME		
STREET ADDRESS	HWY. 80,5 MILES W.		3.3 STREET ADDRESS		
CITY-ST-ZIP	LABELLE FL 33935		3.4 CITY-ST-ZIP		
TYPE	V	☒ DELETE	4.1 TITLE	VD	☐ Change ☒ Addition
NAME	HARRELL, HERMAN L JR		4.2 NAME	Sellers, Calvin C. Jr	
STREET ADDRESS	EAGLE LAKE LOOP RD.		4.3 STREET ADDRESS	Hwy. 80, West	
CITY-ST-ZIP	WINTER HAVEN FL 33880		4.4 CITY-ST-ZIP	LaBelle Fl 33935	
TYPE	T	☒ DELETE	5.1 TITLE	T	☐ Change ☒ Addition
NAME	JENSEN, CHARLES T.		5.2 NAME	Saxon,Nancy S.	
STREET ADDRESS	HWY. 80 W.		5.3 STREET ADDRESS	Hwy 80, West	
CITY-ST-ZIP	LABELLE FL		5.4 CITY-ST-ZIP	LaBelle FL 33935	
TYPE	S	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MCDANIEL, KATHY H		6.2 NAME		
STREET ADDRESS	HWY. 80 W.		6.3 STREET ADDRESS		
CITY-ST-ZIP	LABELLE FL 33935		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)(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 added in connection with an address.

SIGNATURE: Kathy H. McDaniel,Secretary January 17,1996 (941)675-2769
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)