## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## 1997 DOCUMENT # P93000087597 (9)

M & M POHITRY FARMS INC

IAI OY IAI I	OCTITI I Alliko, ino.						
Principal Place of Business		Mailing Address			i ideribat ilm tatan etter marri durit gater.	<b>40101 #</b> #161 10001 DITTO 10111	1 1981 1881
B42 LIMPET DR SANIBEL ISLAND FL 33957		842 LIMPET DR SANIBEL ISLAND FL 33957-3806					
					3. Date incorporated or Qualified 12/23/1993	3a. Date of Last F 03/18/1996	Report
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	A	pplied For	
21		26		65-0456759	Not Applicable		
Suite, Apt. #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional	
22		27			C. Continuate of States Seemes	Fee H	lequired
City & State		City & State		6. Election Campaign Financing		May Be	
23		28	<del></del>		Trust Fund Contribution		to Fees
Zip	Country	Zip	Country	,	8. This corporation has liability for I		s. 199.032,
24	25		30		Florida Statutes  10. Name and Address of New Re	Yes X No	
	9, Name and Address of Currer	it Registered Agent	81	Name	IU. Haile and Addiess of New Ne	Aistoien Wantt	
RAA	TTAMA, HENRY H JR	BUREWORK & AALE	•,				
% M	ERSHON SAWYER JOHNSTON	DUNWOUY & COLE	82	Street Addr	ess (P.O. Box Number is Not Acceptab	ole)	
	S BISCAYNE BLVD #4500 FIRS	31 UNION FIN	83				
MIAN	VII FL 33131 <b>-238</b> 7		"				
			84	City		FL 85 Zip	Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statute	s, the abov	e-named corp	poration submits this statement for the p	ourpose of changing	its registered
office or r agent. I a	registered agent, or both, in the State m, familiar with, and accept the oblig	of Florida. Such change was au jations of, Section 607.0505, Flor	uthorized by rida Statute	y the corporat s.	ion's board of directors. I hereby accep	ot the appointment as	s registered
SIGNATURE		DATE OF THE PROPERTY OF THE PR	Decision As	ant almost up sonul	ed when reinstating)	DATE	
12.	Signature expect or profest name of registered agent and title if applic  12. OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC		RS IN 12
TILLE	PS DELETE MC GRATH, RICHARD P		1.1 TITLE		1001110110101010101010101010101010101010	Change	Addition
NAME			1.2 NAME				
STREET ADDRESS	842 LIMET DR.		1.3 STREET ADDRESS				
CITY - S1 - ZIP	SANIBEL ISLAND FL		1.4 CITY-ST-ZIP				
TillE			2.1 TITLE			Addition	
NAME	_		2.2 NAME				
STREET ADDRESS				ADDRESS			Ì
C-TY - ST- 7/P			2. 4 C(TY-				
Truf			3.1 TITLE	<u> </u>		Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			1	T ADDRESS			
C(1Y+S1+ZIP			3.4. CITY-				
TITLE		DELETE 4.1				☐ Change	Addition
NAME	-		4. 2 NAME				
STREET ADORESS				T ADDRESS			
CI1Y-S1-Z02			4.4 CITY-	ST-ZIP			
TITLE			5.1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5 3 STREE	T ADDRESS			
CiTY-ST-72			54 CITY-	ST-ZIP			
THLE		DELETE	61 TITLE			☐ Change	Addition
NAME			62 NAME				

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. Ido hereby certily 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 inclicated 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 oddress.

STREET ADDRESS

CHY+S1-709

RICHARD P. MCGRATH 3.31-97

**FILED** 

Apr 07 1997 8:00am

Secretary of State