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

PROFIT CORPORATION ANNUAL REPORT

.1999



FLORIDA DEPARTMENT OF STATE

FILED

Jan 22, 1999 8:00am

Secretary of State

01-22-1999 90078 018 ***150.00

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P93000087597**1. Corporation Name

STREET ADDRESS

CITY-ST-ZIP

M & M POULTRY FARMS, INC.

Principal Place of Business				Mailing Address									
842 LIMPET DR				842 LIMPET DR									
SANIBEL ISLAND: FL: 33957			SANIE	SANIBEL ISLAND FL 33957				DO NOT WRITE IN THIS SPACE					
								3.	Date Incorporated or Qualife	ed			
									· ·				
Principal PI	lace of Bu	usiness .	2a. N	Mailing Address				4.			A	pplied For	
			26	<u> </u>					65-0456759		N	ot Applicable	
Suite, Apt.	#, etc.	****		uite, Apt. #, etc.				-			\$8.75	Additional	
			27					5.	Certificate of Status Desired		Fee R	equired	
City & State			C	City & State			6.	Election Campaign Financir	ng 🗆	\$5.00	May Be		
23			28				1	Trust Fund Contribution		Added	to Fees		
Zip (•	Country	z	ip	Cou	intry		8.	•	current year Int		_	
<u>.</u> • .		25	29		30							□No	
	9. Na					04		10.	Name and Address of Nev	w Registered	Agent		
CDAI	NT DIC		en de la companya de	Market Comment		81	Name						
						82 Street Addre			ress (P.O. Box Number is Not Acceptable)				
				a Unuttili, FA				and the second of the second o					
			301			83				图 旅訪		9	
IVAPI	LES FL	34 juộ				84	City				85 Zip	Code	
* ** \$000 T 4000			3 6				•			F <u>L</u>	, `		
Pursuant	to the pro	visions of Sections 60	07.0502 and 607	.1508, Florida Sta	tutes, the a	bove	-named corpo	oration	n submits this statement for t	the purpose of	changing it	s registered	
office or re agent, I ar	egistered m familia	agent, or both, in the rwith, and accept the	obligations of, S	ection 607.0505.	s autnonzec Florida Stati	utes.	ine corporatio	m s DC	oald of directors. Thereby ac-	cept the appoin	illineik as i	egistered	
			<u>.</u>						,				
SNATURE	Signature, t	yped or printed name of registe	ered agent and title if ag	policable. (NO	OTE: Registered	Agent	t signature required	d when r	reinstating)	DATE			
				,		-							
		OFFICE	RS AND DIRECT	TORS	13.				ADDITIONS/CHANGES TO	OFFICERS AN			
:	PS		RS AND DIRECT							OFFICERS AN	ID DIRECT	ORS IN 12	
: =		OFFICE	RS AND DIRECT	TORS	13.	TLE			ADDITIONS/CHANGES TO	OFFICERS AN			
	MC GF 842 LII	RATH, RICHARD P MET DR.	RS AND DIRECT	TORS	13. 1.1 TI 1.2 NA	TLE AME	ADDRESS		ADDITIONS/CHANGES TO	OFFICERS AN			
Ē	MC GF 842 LII	rath, richard p	RS AND DIRECT	TORS	13. 1.1 T/ 1.2 N/ 1.3 ST	TLE AME	İ		ADDITIONS/CHANGES TO	OFFICERS AN	☐ Change	Addition :	
E ET ADDRESS	MC GF 842 LII	RATH, RICHARD P MET DR.	RS AND DIRECT	TORS	13. 1.1 T/ 1.2 N/ 1.3 ST	TLE AME TREET	İ		ADDITIONS/CHANGES TO	OFFICERS AN			
ET ADDRESS -ST-ZIP	MC GF 842 LII	RATH, RICHARD P MET DR.	RS AND DIRECT	TORS	13. 1.1 TI 1.2 N/ 1.3 ST 1.4 CI	TLE AME TREET	İ		ADDITIONS/CHANGES TO	OFFICERS AN	☐ Change	Addition :	
ET ADDRESS ST-ZIP	MC GF 842 LII	RATH, RICHARD P MET DR.	RS AND DIRECT	TORS	13. 1.1 TI 1.2 NA 1.3 ST 1.4 CI 2.1 TI 2.2 NA	TLE AME TREET TY-ST TLE AME	İ		ADDITIONS/CHANGES TO	OFFICERS AN	☐ Change	Addition :	
ET ADDRESS ST-ZIP	MC GF 842 LII	RATH, RICHARD P MET DR.	RS AND DIRECT	TORS	13. 1.1 TI 1.2 NA 1.3 ST 1.4 CI 2.1 TI 2.2 NA 2.3 ST	TLE AME TREET TY-ST TLE AME	-ZIP ADDRESS		ADDITIONS/CHANGES TO	OFFICERS AN	☐ Change	☐ Addition	
EET ADDRESS -ST-ZIP EET ADDRESS -ST-ZIP	MC GF 842 LII	RATH, RICHARD P MET DR.	RS AND DIRECT	TORS	13. 1.1 TI 1.2 NA 1.3 ST 1.4 CI 2.1 TI 2.2 NA 2.3 ST	TLE AME TY-ST- TLE AME TREET,	-ZIP ADDRESS		ADDITIONS/CHANGES TO	OFFICERS AN	☐ Change	☐ Addition	
EET ADDRESS -ST-ZIP EET ADDRESS -ST-ZIP CFA/	MC GF 842 LII	RATH, RICHARD P MET DR.		TORS DELETE DELETE	13. 1.1 TI 1.2 NA 1.3 ST 1.4 CI 2.1 TI 2.2 NA 2.3 ST 2.4 C	TLE TREET TY-ST TLE AME TREET TREET TREET	-ZIP ADDRESS		ADDITIONS/CHANGES TO	OFFICERS AN	☐ Change	☐ Addition	
EET ADDRESS -ST-ZIP EET ADDRESS -ST-ZIP	MC GF 842 LII	RATH, RICHARD P MET DR.	RS AND DIRECT	TORS DELETE DELETE	13. 1.1 TT 1.2 N/ 1.3 ST 1.4 CI 2.1 TT 2.2 N/ 2.3 ST 2.4 C 3.1 TT 3.2 N/	TLE AME TY-ST- TLE AME TREET, STEET, STEET, STEET, STEET, STEET, AME	-ZIP ADDRESS		ADDITIONS/CHANGES TO	OFFICERS AN	☐ Change	☐ Addition	
E E ADDRESS ST-ZIP E E ADDRESS ST-ZIP E E ADDRESS ST-ZIP	MC GF 842 LII	RATH, RICHARD P MET DR.		TORS DELETE DELETE	13. 1.1 TT 1.2 N/ 1.3 ST 1.4 CI 2.1 TT 2.2 N/ 2.3 ST 2.4 C 3.1 TT 3.2 N/ 3.3 ST	TLE AME TY-ST- TLE AME TREET, STEET, STEET, STEET, STEET, STEET, AME	- ZIP ADDRESS T- ZIP ADDRESS		ADDITIONS/CHANGES TO	OFFICERS AN	☐ Change	☐ Addition	
EET ADDRESS -ST-ZIP	MC GF 842 LII	RATH, RICHARD P MET DR.		TORS DELETE DELETE	13. 1.1 TT 1.2 N/ 1.3 ST 1.4 CT 2.1 TT 2.2 N/ 2.3 ST 2.4 C 3.1 TT 3.2 N/ 3.3 ST 3.4. C	TLE AME TY-ST TLE AME TREET TLE TLE TLE TLE TLE TLE	-ZIP ADDRESS T-ZIP ADDRESS T-ZIP T-ZIP		ADDITIONS/CHANGES TO	OFFICERS AN	☐ Change	Addition Addition	
E E ADDRESS EET ADDRESS EET ADDRESS - ST- ZIP EET ADDRESS - ST- ZIP EET ADDRESS - ST- ZIP - ST- ZIP	MC GF 842 LII	RATH, RICHARD P MET DR.		DELETE DELETE	13. 1.1 TT 1.2 N/ 1.3 ST 1.4 CT 2.1 TT 2.2 N/ 2.3 ST 2.4 C 3.1 TT 3.2 N/ 3.3 ST 3.4. C	TILE AME TREET, TILE TREET, TILE TREET, TILE AME TREET, TILE TREET, TILE TREET, TILE	-ZIP ADDRESS T-ZIP ADDRESS T-ZIP T-ZIP		ADDITIONS/CHANGES TO	OFFICERS AN	☐ Change	Addition	
E EET ADDRESS -ST-ZIP E E EET ADDRESS -ST-ZIP E E	MC GF 842 LII SANIB	RATH, RICHARD P MET DR. EL ISLAND FL		DELETE DELETE	13. 1.1 TT 1.2 N/ 1.3 ST 1.4 CI 2.1 TT 2.2 N/ 2.3 ST 2.4 C 3.1 TT 3.2 N/ 3.3 ST 4.4 CT 4.1 TT 4.2 N/	TILE AME IREET, ITY-ST TILE AME ITREET, ITLE AME IREET, ITLE AME IREET, ITLE AME IREET, ITLE AME	-ZIP ADDRESS T-ZIP ADDRESS T-ZIP T-ZIP		ADDITIONS/CHANGES TO	OFFICERS AN	☐ Change	Addition	
E E E ADDRESS ST-ZIP E E E ADDRESS ST-ZIP E ADDRESS ST-ZIP E ADDRESS ST-ZIP E ADDRESS ST-ZIP	MC GF 842 LII SANIB	RATH, RICHARD P MET DR. EL ISLAND FL		DELETE DELETE	13. 1.1 TT 1.2 N/ 1.3 ST 1.4 CI 2.1 TT 2.2 N/ 2.3 ST 2.4 C 3.1 TT 3.2 N/ 3.3 ST 3.4. C 4.1 TT 4.2 N/ 4.3 ST	TILE AME IREET, ITY-ST TILE AME ITREET, ITLE AME IREET, ITLE AME IREET, ITLE AME IREET, ITLE AME	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS ADDRESS		ADDITIONS/CHANGES TO	OFFICERS AN	☐ Change	Addition	
E EET ADDRESS -ST-ZIP E E EET ADDRESS -ST-ZIP E E	MC GF 842 LII SANIB	RATH, RICHARD P MET DR. EL ISLAND FL		DELETE DELETE	13. 1.1 TT 1.2 N/ 1.3 ST 1.4 CI 2.1 TT 2.2 N/ 2.3 ST 2.4 C 3.1 TT 3.2 N/ 3.3 ST 3.4. C 4.1 TT 4.2 N/ 4.3 ST	TILE AME TREET, TY-ST TILE AME TREET, TILE AME TREET, TILE AME TREET, TILE AME TREET, TILE TREET,	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS ADDRESS		ADDITIONS/CHANGES TO	OFFICERS AN	☐ Change	Addition Addition	
E CADDRESS -ST-ZIP E CADDRESS -ST-ZIP E CADDRESS -ST-ZIP E CADDRESS -ST-ZIP E CADDRESS -ST-ZIP E CADDRESS -ST-ZIP E CADDRESS -ST-ZIP	MC GF 842 LII SANIB	RATH, RICHARD P MET DR. EL ISLAND FL		DELETE DELETE	13. 11 TT 1.2 N/ 1.3 ST 1.4 CI 2.1 TT 2.2 N/ 2.3 ST 2.4 C 3.1 TT 3.2 N/ 3.3 ST 3.4 C 4.1 TT 4.2 N/ 4.3 ST 4.4 CI	TILE AME TREET, TILE TREET, TILE AME TREET, TILE AME TREET, TILE	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS ADDRESS		ADDITIONS/CHANGES TO	OFFICERS AN	☐ Change ☐ Change ☐ Change	Addition Addition	
E E E ADDRESS -ST-ZIP E E E E ADDRESS -ST-ZIP E E E ADDRESS -ST-ZIP E E E ADDRESS -ST-ZIP E E E ADDRESS -ST-ZIP E E E E E E E E E E E E E E E E E E E	MC GF 842 LII SANIB	RATH, RICHARD P MET DR. EL ISLAND FL		DELETE DELETE	13. 11 TT 1.2 N/ 1.3 ST 1.4 CI 2.1 TT 2.2 N/ 2.3 ST 2.4 C 3.1 TT 3.2 N/ 3.3 ST 3.4 C 4.1 TT 4.2 N/ 4.3 ST 4.4 CI 5.1 TT 5.2 N/	TILE TREET, TILE TREET, TILE TREET, TILE TREET, TILE TREET, TILE TREET, TILE TREET, TILE TREET, TILE TREET, TILE TREET, TILE TREET, TILE TREET, TILE TREET, TILE TREET, TILE TREET, TILE TREET, TILE TREET, TILE TREET, TILE	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS ADDRESS		ADDITIONS/CHANGES TO	OFFICERS AN	☐ Change ☐ Change ☐ Change	Addition Addition	
EET ADDRESS -ST-ZIP EET ADDRESS -ST-ZIP EET ADDRESS -ST-ZIP EET ADDRESS -ST-ZIP EET ADDRESS -ST-ZIP EET ADDRESS	MC GF 842 LII SANIB	RATH, RICHARD P MET DR. EL ISLAND FL		DELETE DELETE	13. 11 TT 1.2 N/ 1.3 ST 1.4 CI 2.1 TT 2.2 N/ 2.3 ST 2.4 C 3.1 TT 3.2 N/ 3.3 ST 3.4. C 4.1 TT 4.2 N 4.3 ST 4.4 CI 5.1 TT 5.2 N/ 5.3 ST	TILE TREET, TILE TREET, TILE TREET, TILE TREET, TILE TREET, TILE TREET, TILE TREET, TILE TREET, TILE TREET, TILE TREET, TILE TREET, TILE TREET, TILE TREET, TILE TREET, TILE TREET, TILE TREET, TILE TREET, TILE TREET, TILE	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS -ZIP ADDRESS		ADDITIONS/CHANGES TO	OFFICERS AN	☐ Change ☐ Change ☐ Change	Addition Addition	
E E E ADDRESS -ST-ZIP E E E E ADDRESS -ST-ZIP E E E ADDRESS -ST-ZIP E E E ADDRESS -ST-ZIP E E E ADDRESS -ST-ZIP E E E E E E E E E E E E E E E E E E E	MC GF 842 LII SANIB	RATH, RICHARD P MET DR. EL ISLAND FL		DELETE DELETE	13. 11 TT 1.2 N/ 1.3 ST 1.4 CI 2.1 TT 2.2 N/ 2.3 ST 2.4 C 3.1 TT 3.2 N/ 3.3 ST 3.4. C 4.1 TT 4.2 N 4.3 ST 4.4 CI 5.1 TT 5.2 N/ 5.3 ST	TLE THE TREET, TY-ST. TLE TREET, TITY-ST. TLE TREET, TTY-ST. TTY-ST. TTY-ST. TTY-ST. TTY-ST. TTY-ST. TTY-ST. TTY-ST. TTY-ST.	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS -ZIP ADDRESS		ADDITIONS/CHANGES TO	OFFICERS AN	☐ Change ☐ Change ☐ Change	Addition Addition Addition	
	Principal P Suite, Apt. City & Stat City & Stat Pursuant Pursuant	Principal Place of Bouite, Apt. #, etc. Dity & State GRANT, RIC GRANT, FRIC S551 RIDGE NAPLES FL Pursuant to the profice or registered agent. I am familia	Principal Place of Business Suite, Apt. #, etc. City & State Zip Country 25 9. Name and Address of GRANT, RICHARD C ESQUIRE GRANT, FRIDKIN, PEARSON, A 5551 RIDGEWOOD DR., SUITE NAPLES FL 34108 Pursuant to the provisions of Sections 6 office or registered agent, or both, in the agent. I am familiar with, and accept the	Principal Place of Business Suite, Apt. #, etc. City & State Zip Country Zis 9. Name and Address of Current Registe GRANT, RICHARD C ESQUIRE GRANT, FRIDKIN, PEARSON, ATHAN & CRON 5551 RIDGEWOOD DR., SUITE 501 NAPLES FL 34108 Pursuant to the provisions of Sections 607.0502 and 607 office or registered agent, or both, in the State of Florida, agent. I am familiar with, and accept the obligations of, S	Principal Place of Business 2a. Mailing Address 2b. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Country C	Principal Place of Business 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State City & State City & State 29 9. Name and Address of Current Registered Agent GRANT, RICHARD C ESQUIRE GRANT, FRIDKIN, PEARSON, ATHAN & CROWN, PA 5551 RIDGEWOOD DR., SUITE 501 NAPLES FL 34108 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the a office or registered agent, or both, in the State of Florida. Such change was authorized agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	Principal Place of Business 2a. Mailing Address 26 Suite, Apt. #, etc. City & State City & State City & State City & State City & State Country 25 9. Name and Address of Current Registered Agent GRANT, RICHARD C ESQUIRE GRANT, FRIDKIN, PEARSON, ATHAN & CROWN, PA 5551 RIDGEWOOD DR., SUITE 501 NAPLES FL 34108 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above office or registered agent, or both, in the State of Florida: Such change was authorized by agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	Principal Place of Business 2a. Mailing Address 26 Suite, Apt. #, etc. City & State City & State City & State 27 Country 28 Country 29 NAME and Address of Current Registered Agent 81 Name 82 Street Address of City State GRANT, FRICHARD C ESQUIRE GRANT, FRIDKIN, PEARSON, ATHAN & CROWN, PA 5551 RIDGEWOOD DR., SUITE 501 NAPLES FL 34108 Registered agent, or both, in the State of Florida. Such change was authorized by the corporation agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	SANIBEL ISLAND FL 33957 SANIBEL ISLAND FL 33957 3. Principal Place of Business 2a. Mailing Address 4b. 25c Suite, Apt. #, etc. 27c City & State City & State City & State City & State City & State 25c 29c 30 9. Name and Address of Current Registered Agent GRANT, RICHARD C ESQUIRE GRANT, FRIDKIN, PEARSON, ATHAN & CROWN, PA 5551 RIDGEWOOD DR., SUITE 501 NAPLES FL 34108 81 Name 82 Street Address (F. 83 NAPLES FL 34108 84 City Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's be agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	SANIBEL ISLAND FL 33957 SANIBEL ISLAND FL 33957 DO NOT W 3. Date Incorporated or Qualif 12/23/1993 4. FEI Number 65-0456759 Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Zip Country Zip Country Zip Country 3. Date Incorporated or Qualif 12/23/1993 5. Certificate of Status Desired Trust Fund Contribution Trust Fund Contribution Trust Fund Contribution Trust Fund Contribution Personal Property Tax. 9. Name and Address of Current Registered Agent GRANT, RICHARD C ESQUIRE GRANT, FRIDKIN, PEARSON, ATHAN & CROWN, PA 5551 RIDGEWOOD DR., SUITE 501 NAPLES FL 34108 81 NAME 82 Street Address (P.O. Box Number is Not Access the above-named corporation submits this statement for 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	SANIBEL ISLAND FL 33957 SANIBEL ISLAND FL 33957 SANIBEL ISLAND FL 33957 DO NOT WRITE IN THIS 3. Date Incorporated or Qualifed 12/23/1993 4. FEI Number 65-0456759 Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State City & State City & State City & State City & State Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Suite, Apt. #, etc. Suite, Apt. #, e	SANIBEL ISLAND FL 33957 SANIBEL ISLAND FL 33957 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 12/23/1993 4. FEI Number 65-0456759 Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State Country Zip Country Added Trust Fund Contribution Added A	

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 suppliemental 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.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS