

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
CORPORATION DIVISION

APPROVED
AND
FILED

95 MAY -1 PM 5:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000046397 (3)

1. Corporation Name

CONGRESS POINT CHICKEN INC.

DO NOT WRITE IN THIS SPACE

3. Date incorporated in Georgia
06/16/1994

3a. Date of last report

4. FIC Number

LA5-0500045

Applicant Fee

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Finance and
Trust Fund Contributions

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under § 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2359-39 TREASURE ISLE DRIVE
PALM BEACH GARDENS FL 33410

2a. Mailing Address

2359-39 TREASURE ISLE DRIVE
PALM BEACH GARDENS FL 33410

21. State of Incorporation

4455 S. CONGRESS AVE

27. State of Mailing

SAME AS ABOVE

22. City & State

LAKE WORTH, FL

28. City & State

LAKE WORTH, FL

23. City & State

3340 PALM BEACH

29. City & State

LAKE WORTH, FL

24. City & State

3340 PALM BEACH

30. City & State

LAKE WORTH, FL

9. Name and Address of Current Registered Agent

SERKIES, DOROTHY M
2359-39 TREASURE ISLE DRIVE
PALM BEACH GARDENS FL 33410

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Applicable)

83. City

84. State

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.01(2), and 607.1508, Florida Statutes, this 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 607.01(2) under Florida Statutes.

SIGNATURE

Signature of the person filing this report (if not the registered agent, then the person authorized to file this report)

Signature of the person filing this report (if not the registered agent, then the person authorized to file this report)

Date

12. OFFICERS AND DIRECTORS

1. NAME

2. STREET ADDRESS

3. CITY, ST. ZIP

4. TITLE

5. NAME

6. STREET ADDRESS

7. CITY, ST. ZIP

8. TITLE

9. NAME

10. STREET ADDRESS

11. CITY, ST. ZIP

12. TITLE

13. NAME

14. STREET ADDRESS

15. CITY, ST. ZIP

16. TITLE

17. NAME

18. STREET ADDRESS

19. CITY, ST. ZIP

20. TITLE

21. NAME

22. STREET ADDRESS

23. CITY, ST. ZIP

24. TITLE

25. NAME

26. STREET ADDRESS

27. CITY, ST. ZIP

28. TITLE

29. NAME

30. STREET ADDRESS

31. CITY, ST. ZIP

32. TITLE

33. NAME

34. STREET ADDRESS

35. CITY, ST. ZIP

36. TITLE

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

1. NAME

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3. CITY, ST. ZIP

4. TITLE

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33. NAME

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35. CITY, ST. ZIP

36. TITLE

SIGNATURE:

Dorothy M. Serkies

DOROTHY M. SERKIES

4/25/95 407627-6235

SIGNATURE AND TITLE OF PERSON FILING THIS REPORT (IF NOT THE REGISTERED AGENT, THEN THE PERSON AUTHORIZED TO FILE THIS REPORT)