

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P95000041852 (1)**

1. Corporation Name

**POPE'S POULTRY FARM, INC.**



Principal Place of Business

Mailing Address

**5440 FLAX ROAD  
PENSACOLA FL 32504**

**5440 FLAX ROAD  
PENSACOLA FL 32504**

3. Date Incorporated or Qualified

**05/15/1995**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **2852 Highway 331 N**

26 **2852 Highway 331 N**

4. FEI Number

**59-3319674**

Applied For

Not Applicable

22 Suite Apt #, etc

27 Suite Apt #, etc

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

23 City & State

28 City & State

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

24 Zip

25 Country

29 Zip

30 Country

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

**POPE, JAMES P  
5440 FLAX ROAD  
PENSACOLA FL 32504**

81 Name

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

**2150 Caswell Rd**

83

84 City

**De Funiak Springs FL**

85 Zip Code

**32433**

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

Signature typed or printed (Name of registered agent only if applicable)

(Name of Registered Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President / MD <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James P. Pope	12 NAME	
STREET ADDRESS	2150 Caswell Rd	13 STREET ADDRESS	
CITY-ST-ZIP	De Funiak Springs FL 32433	14 CITY-ST-ZIP	
TITLE	Vice President / MD <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Glenn A. Pope, Sr	22 NAME	
STREET ADDRESS	867 Lakeview Dr	23 STREET ADDRESS	
CITY-ST-ZIP	De Funiak Springs FL 32433	24 CITY-ST-ZIP	
TITLE	Secretary / D <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mary T. Pope	32 NAME	
STREET ADDRESS	2150 Caswell	33 STREET ADDRESS	
CITY-ST-ZIP	De Funiak Springs FL 32433	34 CITY-ST-ZIP	
TITLE	Treasurer / D <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Martha T. Pope	42 NAME	
STREET ADDRESS	867 Lakeview Dr	43 STREET ADDRESS	
CITY-ST-ZIP	De Funiak Springs FL 32433	44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

*Glenn A. Pope, Sr*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/7/96

(904) 892-4729

Date

Daytime Phone #

CR2E034 (3/96)