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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000035128 (3)

WYMAN'S POULTRY SERVICE, INC.

Principal Place of Business Mailing Address

16820 HIGHWAY 331 NORTH POST OFFICE BOX 1145
PAXTON FL 32538 PAXTON FL 32538

FILED Jan 30 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

							3. Date Incorporated or Qualified		
•							04/23/1996		
2. Principal P	lace of Business	2a. Mailing	2a. Mailing Address				4. FEI Number Applied	For	
21		26	26					plicable	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				S8 75 Additional		
22		27	27				5. Certificate of Status Desired Fee Required		
City & State	e	City & S	City & State				6. Election Campaign Financing \$5.00 May Be		
23	28						Trust Fund Contribution	es	
Zip				Cour	ntry		8. This corporation owes or has paid the current year Intangit		
24 25 29 30					Personal Property Tax due June 30. Yes No				
9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent PHSSELL WYMAN 81 Name									
RUSSELL, WYMAN					or watte				
	320 HIGHWAY 331 NORTI	Ħ		82 Street Addr		Street Add	ress (P.O. Box Number is Not Acceptable)		
PAXTON FL 32538					83				
					83				
				-	84	City	85 Zip Code		
							FL T T T T T T T T T		
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									
office or registered agent, or both, in the State of Florida Statutes, the above-harded corporation submits this statement for the purpose or 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 67, 0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE									
SIGNATURE"	Wugnen	Jacob			سنب	*	quired when reinstating) DATE		
12.	Signature, typed or printed name of reg	istered agent and title if applicable. ERS AND DIRECTORS	(NOT	E. Rogistered	Ager	nt signature requ	quired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12	
TITLE	D		DELETE	1.1 111	F			Addition	
NAME	RUSSELL, WYMAN	_		1.2 NAI					
STREET ADDRESS	10000 LICLEMAY 221 NODTH				-	ADDRESS		8	
CITY-ST-ZIP	PAXTON FL 32538							[
TITLE	D		DELETE	1.4 CIT 2.1 TITS		- 215	Change	Addition	
NAME	RUSSELL, JANIE	_		2.2 NA					
STREET ADDRESS	16820 HIGHWAY 331			2.3 STREET ADDRESS					
CiTY-ST-ZIP	PAXTON FL 32538			2.4 CIT			•	1	
TITLE			DELETE	3,1 TITI	-	1-417	☐ Change ☐	Addition	
NAME				3.2 NA		ļ			
STREET ADDRESS						ADDRESS			
CITY-ST-ZIP				3.4. CIT		· 1			
TITLE			DELETE	4.1 TITI		1-21	Change	Addition	
NAME			_	4, 2 NA					
STREET ADDRESS						ADDRESS		-	
CITY-ST-ZIP				4.4 CIT				-	
TITLE			DELETE	5.1 TITL			☐ Change ☐	Addition	
NAME				5.2 NAM	ИE				
STREET ADDRESS						ADDRESS			
CITY-ST-ZIP				5.4 Cm					
TITLE			DELETE	6.1 TiTE]	Change	Addition	
NAME		_		5.2 NAM					
STREET ADDRESS						ADDRESS			
CITY-ST-ZIP				6.4 CIT					
14. I hereby c	ertify that the information sup	plied with this filing does	not qualify fo	or the exer	npti	ion stated in	in Section 119.07(3)(i), Florida Statutes. I further certify that the inform	mation	
indicated	on this appual report or supp	lemental annual report is	true and acc	urate and	tha	t my signati	ture shall have the same legal effect as if made under gath: that I an	n an	

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 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.

IGNATURE: Wyman Susself Win En Pusself 1-26-98 8508