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

PROFIT CORPORATION **ANNUAL REPORT**

1998

Principal Place of Business

TIMOTHY D. NICHOLS CPA GAULT STREET, SUITE 203 AUSTIN TX 78757-8433

2. Principal Place of Business

Zip

SIGNATURE

21

24



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

(NO1) Registered Agent signature required w OFFICERS AND DIRECTORS 12. 13. PD DELETE TITLE 1.1 TITLE NICHOLS, JAMES T JR NAME 1.2 NAME 1315 GARDEN STREET STREET ADDRESS 1.3 STREET ADDRESS TITUSVILLE FL 32780 CITY-ST-ZIP 1.4 CiTY-ST-ZIP DELETE 2.1 TITLE TITLE NICHOLS, TIMOTHY D NAME 2.2 NAME 1315 GARDEN STREET STREET ADDRESS 2.3 STREET ADDRESS TITUSVILLE FL 32780 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DELFTE TITLE 41 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS **53 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP DECETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

FILED Feb 26 1998 8:00am Secretary of State

	1998	DIVISION OF COR	RPOR	ATIC	ONS	
Corporation	MENT # P9600 LS POULTRY FARM, INC.	0096822 (7)				
cipal Piace	of Business	Mailing Address	•			4 INDIVIDURAL THE LATIN CHIN BOTH OF THE SOUR PAIN BOTH STAND TO THE HOLD STAND THE FIRST CONTRACTOR OF THE STAND TH
MOTHY D. NICHOLS CPA TIMOTHY D. NICHOLS CPA						
AULI SIKEL JSTIN TX 78	ET, 8UITE 203 8757- 843 3	GAULT STREET. SUITE 203 AUSTIN TX 78757-8433				DO NOT WRITE IN THIS SPACE
						3. Date incorporated or Qualified
						11/19/1996
Principal Place of Business		2a. Mailing Address				4. FEI Number Applied For
Suite, Apt. #, etc.		Suite, Apt #, etc.				59-3425852 Not Applicable \$8.75 Additional
		27			5. Certificate of Status Desired Fee Required	
City & State		City & State				6. Election Campaign Financing \$5.00 May Be
-		[28]				Trust Fund Contribution Added to Fees
Zip	Country	Zip 30	٦ .	untry		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes F No
	9. Name and Address of Currer		'1	Τ		10. Name and Address of New Registered Agent
BR	EWER, STEPHEN M ESQ.			В1	Name	
1209 SOUTH WASHINGTON AVE.				82	Street Ad	ddress (P.O. Box Number is Not Acceptable)
TIT	USVILLE FL 32780					
				83		
				84	City	FL 85 Zip Code
Pursuant t	o the provisions of Sections 607.050 egistored agent, or both, in the State	2 and 607.1508, Florida Statutes, of Florida Such change was auth	the a	bove d by	named co	orporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered
agent. I ar	n familiar with, and accept the oblig	ations of, Section 607.0505, Florid	la Stat	tutes	i	• • • • • • • • • • • • • • • • • • • •
NATURE	Signature typed or ponted name of registered agr	ont and pile if applicable [NO1] B	ngistera	d Age	nt signature req	quired when reinstating) DATE
		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
.	PD	DELETE :	1.1 TI		}	Change Addition
E	NICHOLS, JAMES T JR 1315 GARDEN STREET		1.2 N			
ET ADDRESS	TITUSVILLE FL 32780				ADDRESS	
-ST-ZIP	STD	□ DELE1E	2.1 7	TLF	1-ZIP	Change Addition
E	NICHOLS, TIMOTHY D		22 N		Ì	
ET ADDRESS	1315 GARDEN STREET		235	TREET	ADDRESS	
-ST-ZIP	TITUSVILLE FL 32780				T-ZIP	
		DELETE	3.1 TI		}	Change Addition
E DDDDccc			3.2 N		1000100	
ET ADDRESS -ST-ZIP					ADDRESS I - ZIP	
<u> </u>		☐ DELFTE	4 1 TI		1.	Change Addition
E			4. 2 N	IAME	}	
ET ADDRESS			4.3 ST	TREET	address	
-ST-ZIP		Deser		TY-S	r-ZIP	[] Observe [] Address
.				TITLE		☐ Change ☐ Addition
ET ADORESS		ļ	5.2 N/ 5.3 ST		ADDRESS	
-ST-ZIP				TY-S'		
<u> </u>		DECETE	6.1 TI			☐ Change ☐ Addition
E			6.2 N/	AME		
ET ADDRESS			6.3 S1	REET	adoress	İ
-ST-ZIP			6.4 CI	TY-S	1-21P	

14. Thereby 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 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 furstee 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

SIGNATURE:

(512) 3740591