

2001 UNIFORM BUSINESS REPORT (UBR)

2/9

FILED
Mar 07, 2001 8:00 am
Secretary of State

02-09-2001 90232 005 ***150.00

DOCUMENT # P97000108203

1. Entity Name

ALTON POULTRY, INC.



Principal Place of Business

Mailing Address

ROUTE 2 BOX 843
 MAYO FL 32066

ROUTE 2 BOX 843
 MAYO FL 32066

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3482140**

Applied For
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JACKSON, KEVIN R
ROUTE 2 BOX 843
MAYO FL 32066

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Kevin R Jackson

1/31/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPT	<input type="checkbox"/> Delete
NAME	JACKSON, KEVIN R	
STREET ADDRESS	ROUTE 2 BOX 843	
CITY-ST-ZIP	MAYO FL 32066	
TITLE	DV	<input type="checkbox"/> Delete
NAME	KNIGHT, RITA K	
STREET ADDRESS	ROUTE 2 BOX 843	
CITY-ST-ZIP	MAYO FL 32066	
TITLE	DS	<input type="checkbox"/> Delete
NAME	JACKSON, LINDSEY	
STREET ADDRESS	ROUTE 2 BOX 843	
CITY-ST-ZIP	MAYO FL 32066	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kevin R Jackson
 KEVIN R JACKSON

1/31/01

Date

904-294-1229

Daytime Phone #

CR2E034 (10/00)