

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jun 18, 1999 8:00 am  
Secretary of State

06-18-1999 90008 013 \*\*\*550.00

DOCUMENT # P98000077463

1. Corporation Name  
GULF KIST PRODUCERS, INC.

Principal Place of Business  
2754 LEVY ST.  
COTTONDALE FL 32431

Mailing Address  
2754 LEVY ST.  
COTTONDALE FL 32431

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/08/1998

4. FEI Number

59-3531072

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 P.O. Box 368

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 25 29 30 32431 USA

9. Name and Address of Current Registered Agent

BUSBY, JOE E  
2754 LEVY ST.  
COTTONDALE FL 32431

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME BUSBY, JOE E  
STREET ADDRESS 4879 MAGNOLIA DR.  
CITY-ST-ZIP MARIANNA FL 32448

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/P  
1.2 NAME Busby, Joe E.  
1.3 STREET ADDRESS 4879 Magnolia Dr.  
1.4 CITY-ST-ZIP Marianna, FL 32448

2.1 TITLE D/CEO  
2.2 NAME Braxton M.W.  
2.3 STREET ADDRESS 3915 Peanut Rd.  
2.4 CITY-ST-ZIP Cottondale FL 32431

3.1 TITLE D/S  
3.2 NAME Braxton Kenneth P.  
3.3 STREET ADDRESS 3844 Veteran Rd.  
3.4 CITY-ST-ZIP Cottondale FL 32431

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joe E. Busby 6-17-99 950-352-4233

Date

Daytime Phone #

CR2E034 (11/98)

0059718