

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR -7 AM 5:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S24927 (3)

1. Corporation Name

DOUGLAS FOODS, INC.

Principal Place of Business

108 S PARKER AVE
ARCADIA FL 33821-9678
US

Mailing Address

PO BOX 270
ARCADIA FL 33821-9678
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/15/1991

3a. Date of Last Report

04/28/1994

2. Principal Place of Business

21 Hwy 661 & Powell Rd

2a. Mailing Address

25 Suite, Apt. #, etc.

22 City & State

23 Arcadia Florida

24 Zip

25 Country

26 Desoto

27 City & State

28 Zip

29 Country

30

4. FEI Number

50-3046644

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

SUMMERRALL, GORDON D.
1140 SE MILLS AVE.
ARCADIA FL 33821

10. Name and Address of New Registered Agent

81 Name

Jerry L Douglas

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

3183 N.E. APPALOOSA ST

83

84 City

Arcadia

FL

85 Zip Code

33821

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 607.0506, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when resigning)

DATE

4-4-95

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

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STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

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

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jerry L Douglas 4-4-95 813-993-2100