

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S24927** (3)

1. Corporation Name
DOUGLAS FOODS, INC.



Principal Place of Business
**HIGHWAY 661 & POULTRY ROAD
ARCADIA FL 33821
US**

Mailing Address
**PO BOX 270
ARCADIA FL 33821-9678
US**

3. Date Incorporated or Qualified 01/15/1991	3a. Date of Last Report 04/07/1995
4. FEI Number 50-3046644	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 915 Oak Hill Cemetery Rd	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Arcadia, FL	27
City & State	City & State
23	28
Zip 33821	Country US
24	30

9. Name and Address of Current Registered Agent

**JERRY L. DOUGLAS
3182 N.E. APPALOOSA STREET
ARCADIA FL 33821**

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	<input type="checkbox"/> DELETE
NAME	DOUGLAS, JERRY LEE	
STREET ADDRESS	3183 N.E. APPALOOSA	
CITY-ST-ZIP	ARCADIA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DOUGLAS, LINDA LOU	
STREET ADDRESS	3183 N.E. APPALOOSA	
CITY-ST-ZIP	ARCADIA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	3135 NE Edwards
1.4 CITY-ST-ZIP	Arcadia, FL 33821
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	3135 NE Edwards
2.4 CITY-ST-ZIP	Arcadia, FL 33821
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Vice-President
3.3 STREET ADDRESS	Kim Aument
3.4 CITY-ST-ZIP	405 N. Arcadia Ave.
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Vice-President
4.3 STREET ADDRESS	Craig Aument
4.4 CITY-ST-ZIP	405 N. Arcadia Ave.
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)