

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Mar 06 1997 8:00am
Secretary of State

DOCUMENT # **S48254**

(4)

1. Corporation Name

TOP CHOICE POULTRY, INC.

Principal Place of Business

**2240 DENNIS STREET
P.O. BOX 43546
JACKSONVILLE FL 32204
US**

Mailing Address

**2240 DENNIS STREET
P O BOX 43546 (ZIP 32203-3546)
JACKSONVILLE FL 32204-1808**



2. Principal Place of Business

21 **2240 DENNIS Street**

2a. Mailing Address

26 **P.O. Box 43546**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **JACKSONVILLE, FL.**

City & State

28 **JACKSONVILLE**

Zip **32204**

Country **USA**

Zip **32203**

Country **USA**

3. Date Incorporated or Qualified

04/26/1991

3a. Date of Last Report

03/25/1996

4. FEI Number

59-2988543

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

**KEMP, CHARLES E
2240 DENNIS STREET
JACKSONVILLE FL 32204**

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
officer 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 type for printed name of registered agent and title (Applicable)

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **KEMP, CHARLES E**
STREET ADDRESS **2240 DENNIS STREET**
CITY-ST-ZIP **JACKSONVILLE FL - 32204**

TITLE **D** ☐ DELETE

NAME **KELLY, KENNETH M SR**
STREET ADDRESS **2240 DENNIS STREET**
CITY-ST-ZIP **JACKSONVILLE FL - 32204**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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.

SIGNATURE: **Charles E. Kemp**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-97 (904) 354-7600

Date

Daytime Phone #

CR2E034 (9/96)