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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$48254

(4)

TOP CHOICE POULTRY, INC.

FILED
May 07 1998 8:00am
Secretary of State



Principal Place of Business Mailing Address						r reditere mi dieser enter mas eine firth Billi Sidit Sidit Billi Bill 1861
2240 DENNIS JACKSONVILI			P.O. BOX 43546 JACKSONVILLE FL 32204			
US	C 1 C 02204	US				DO NOT WRITE IN THIS SPACE
			•			3. Date Incorporated or Qualified
						04/26/1991
2. Principal Pl	2a. Mailing Address				4. FEI Number Applied For	
21		26				59-2988543 Not Applicable
Suite, Apt. 4	#, 6 1C.	Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional
City & State		City & State				Fee Required
23	•	28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country		,	8. This corporation owes or has paid the current year Intangible
24	25			1		Personal Property Tax due June 30.
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent
KE	MP, CHARLES E			81	Name	
2240 DENNIS STREET				82 Street Address (P.O. Box		ddress (P.O. Box Number is Not Acceptable)
JACKSONVILLE FL 32204				02	Street Ac	duress (F.O. Box Number is Not Acceptable)
				83		
			,	-		
				84	City	FL 85 Zip Code
11. Pursuant to the provisions of Soctions 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 sulhorized by the corporation's board of directors. I hereby accept the appointment as registered						
Office of re	igistered agent, or both, in the State I n familiar with, and accept the oblig	of Florida, Such change was a	autnorized	עם נ	/ the corpor	ration's board of directors. I hereby accept the appointment as registered
SIGNATURE		,				
Signature: typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature requirements)						
12.			13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D CHOICE E	☐ DELETE	1.1 TII	ĽΕ		☐ Change ☐ Addition
NAME	KEMP, CHARLES E		1.2 NA	1.2 NAME		
STREET ADDRESS	2240 DENNIS STREET		1.3 \$1		ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL			1,4 CITY-ST-ZIP		
TITLE	•			2.1 TITLE		Change Addition
NAME	KELLY, KENNETH M SR 2240 DENNIS STREET		2.2 NA			
STREET ADDRESS	JACKSONVILLE FL		1	2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	UNONSOMVILLE PE	DELETE	2. 4 CIT 3.1 TiTL		T-ZIP	
NAME			1			☐ Change ☐ Addition
			3.2 NAME 3.3 STREET ADDRESS			
STREET ADDRESS					1	
CITY-ST-ZIP TITLE	DE		3.4 CITY-ST-ZIP 4.1 TITLE		F-ZIP	Change Addition
NAME				4.2 NAME		C cuande T Wouldon
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP				4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE				5.1 TITLE		☐ Change ☐ Addition
NAME			- 6	5.2 NAME		C Strange C Abdition
STREET ADDRESS	ss			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.3 STREET ADDR			
TITLE		DELETE			1 - 4.11	Change Addition
NAME		<u> </u>	6.2 NA			
STREET ADDRESS			6.3 STREET ADDRESS		ADDRESS	
CITY-ST-ZIP			6.4 CIT			
14. I hereby ce	ertify that the information supplied w	ith this filing does not qualify fo	or the exe	mnt	tion stated	in Section 119.07(3)(i), Florida Statutes. I further certify that the information
indicated o	on this annual report or supplementa	il annual report is true and acc	urate and	i the	at my signa	ature shall have the same legal effect as if made under oath; that I am an equired by Chapter 607, Florida Statutes; and that my name appears in
Block 12 o	r Block 13 if changed, or an analitad	chment with an address.	ا تارمان			Advisor of Statement of the Control