

**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 # **V36087** (7)  
1. Corporation Name  
**JESSE FOODS COMPANY**



Principal Place of Business: **908 N. TAYLOR RD. SEFFNER FL 33584**  
Mailing Address: **908 N. TAYLOR RD. SEFFNER FL 33584**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		<b>05/13/1992</b>	<b>04/19/1995</b>
22. Suite Apt. #, etc.		27. Suite, Apt. #, etc.		4. FEI Number	Applied For / Not Applicable
23. City & State		28. City & State		<b>59-3121279</b>	
24. Zip	25. Country	29. Zip	30. Country	5. Certificate of Status Desired	<b>\$8.75 Additional Fee Required</b>
				<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				6. Election Campaign Financing Trust Fund Contribution	
<b>CARRIGAN, JESSE L. 2904 POINTER PL SEFFNER FL 33584</b>				7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
				10. Name and Address of New Registered Agent	
				81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)					
83.					
84. City		85. Zip Code			
		<b>FL</b>			

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: \_\_\_\_\_ (Date) \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE	DP CARRIGAN, JESSE L. 2904 POINTER PL SEFFNER FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	DV NANNEY, TRIPP 908 NORTH TAYLOR ROAD SEFFNER FL	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	<b>DIVIT</b>
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D PICKERING, MICHAEL J 2727 MILK, #660 TAMPA FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>D V L SANDIFER JR</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>2037 HIGHWAY 82E</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>GREENVILLE MS 38704</b>
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: **Tripp Nanney** **TRIPP NANNEY** **VICE PRESIDENT** **4/30/96** **(813) 653-4800**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)