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 MAY -1 AM 10:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V58055 (7)

1. Corporation Name
SUNSHINE FARMS POULTRY, INC.

Principal Place of Business	Mailing Address
P.O. BOX 10595 RIVERIA BEACH FL 33419	P.O. BOX 10595 RIVERIA BEACH FL 33419

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/17/1992
3a. Date of Last Report: 03/24/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 65-0363562 ☐ 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

CORPORATION INFORMATION SERVICES INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P & D ☒ Change ☐ Addition
NAME	BRAMAN, WILLIAM	1.2 NAME	
STREET ADDRESS	3875 FISCAL COURT, #250	1.3 STREET ADDRESS	
CITY-ST-ZIP	RIVIERA BEACH FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	BRAMAN, ARNOLD	2.2 NAME	
STREET ADDRESS	3875 FISCAL COURT, #250	2.3 STREET ADDRESS	
CITY-ST-ZIP	RIVIERA BEACH FL	2.4 CITY-ST-ZIP	
TITLE	TS	3.1 TITLE	T, S, V, D. ☐ Change ☒ Addition
NAME	LUBIN, RONALD	3.2 NAME	BRAMAN, STEVEN
STREET ADDRESS	3875 FISCAL COURT, #250 DELETE	3.3 STREET ADDRESS	3875 FISCAL COURT, #250
CITY-ST-ZIP	RIVIERA BEACH FL	3.4 CITY-ST-ZIP	RIVIERA BEACH, FL. 33419
TITLE	D	4.1 TITLE	V ☐ Change ☒ Addition
NAME	LUBIN, LEONARD	4.2 NAME	MILLER, WADE
STREET ADDRESS	3875 FISCAL COURT, #250 DELETE	4.3 STREET ADDRESS	3875 FISCAL COURT #250
CITY-ST-ZIP	RIVIERA BEACH FL	4.4 CITY-ST-ZIP	RIVIERA BEACH, FL 33419
TITLE		5.1 TITLE	D. ☐ Change ☒ Addition
NAME		5.2 NAME	MINTZ, DEL
STREET ADDRESS	JR 7/12	5.3 STREET ADDRESS	3875 FISCAL COURT, #250
CITY-ST-ZIP		5.4 CITY-ST-ZIP	RIVIERA BEACH, FL 33419
TITLE		6.1 TITLE	D ☐ Change ☒ Addition
NAME		6.2 NAME	BYRD, BARRY
STREET ADDRESS		6.3 STREET ADDRESS	4KCC PGA Sales Exec
CITY-ST-ZIP		6.4 CITY-ST-ZIP	PBG FL 33410

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption 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 I am authorized to sign 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: STEVEN BRAMAN, Steven Braman 4-24-95 407-561-4120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0202330 CP